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Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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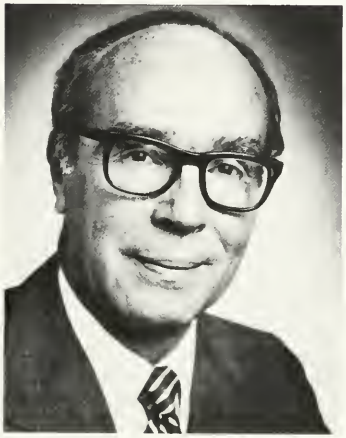
Mentoring Medical Students

Dean's Page



For many years now the costs of health care in the United States have increased faster than the costs of most other goods and services.

And also for many years critics have urged various approaches to restrain the continuing increase in health care costs. Often these approaches to cost containment have been flawed and ineffective or even counterproductive, in part, in my view, because they have been designed without allowing for some of the the characteristics of clinical practice and for some of the values by which patients make decisions.

Often those of us with immediate patient care responsibilities have quite rightly been advocates for our patients or potential patients in urging more comprehensive and effective (and often more expensive) programs. Even now many of us believe it very important to find a way to provide comprehensive health care for the millions of uninsured and underserved poor in this country, but we do not usually seek offsetting savings.

The cost of health care is now a serious burden on the economy of the nation as well as that of many individuals and corporations. I believe we are now bumping up against limits of the compromise in other personally and socially valuable services which the nation will tolerate in order to fund further increases in the cost of health care.

In North Carolina, for example, it seems that there is a broad consensus supporting improved primary and secondary education as our great social need for the coming decade. I anticipate serious and at least partially effective further moves to control the cost of health care over the next few years, and I believe these efforts must result in discriminating choices among competing virtues and values.

It is not at all clear that these efforts, often quite reasonable in themselves, will be designed to anticipate the full range of consequence in a complex system. For example, many support the adoption of some version of the resource-based relative value system as a basis for determining payment of physicians. Who has considered, however, what the effect of this arrangement will be on rural hospitals?

The ultimate choices will be made by the public, in part through their elected representatives in federal and state government and in part through the individual decisions by which they determine their health care. But these choices are best informed by fact and experienced judgment. The facts we most need are those that define the effectiveness of our interventions as practiced in the community setting. It is urgent, I think, that those who are paying for health care support the costs of analyzing its effectiveness.

Certainly basic research offers the best promise of major advance in diagnosis, prevention, and treatment of disease. But health services research offers the best hope of maximizing our effectiveness within the current state of the art. We need both. We also need experienced clinicians who participate actively at the federal and state levels in the design and analysis of a program of cost containment.

This is tedious and demanding work that is not for the casual amateur. But it is possible for practicing physicians, through serious application, to become broadly knowledgeable of health care financing and its consequences, and I hope that among our alumni there will be some who will take up this challenge.

Stuart Bondurant

Stuart Bondurant, Dean

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On the Cover

The heart of the Advisors Program is the one-to-one time shared between medical students and faculty, in settings such as this with Herbert A. Cooper, M.D., professor of pediatrics and pathology. In the smaller photographs: M. Susan Tucker, M.D., assistant professor of surgery, discusses reference materials with first-year student Teressa McKoy; and James F. Huth, M.D., associate professor of surgery, meets in his home with Herb Harwell, a first-year student. *(Photos by Jay Mangum)*

The Many Facets of the Advisors Program

By Val Lauder

The problems that medical students face have been the basis for more novels, movies and TV dramas than one can count without a calculator. But that in no way takes away from the real problems that medical students can experience.

"This medical school, I'm pleased to say, has a lot of resources to help people along the way," says Cheryl F. McCartney, M.D., associate dean for student affairs. The school's Advisors Program is central to these efforts.

The advisors include about 100 faculty members, all volunteers. The help they provide can take a number of forms: counseling on personal problems; help in finding assistance and tutoring for academic problems; advice about research projects; arranging visits with practicing physicians; and even help in determining career goals.

"The Advisors Program is one of many ways that we have to help medical students," McCartney points out, "so we have to place it in that context. Often, an advisor helps the student to find the appropriate resource in our system. Students meet their faculty advisors during their orientation on the first weekend."

Traditionally, advisors invite their new students to dinner during the orientation time and include their students from the upperclasses, so they can meet the new arrivals. They let students know what their office hours are and how to contact them. All grades and evaluations are sent to the advisor.

"Advisors have told me that they often write letters to the students when they get grades," McCartney said. "The letters may communicate the advisor's encouragement for continued success, congratulations for accomplishment or the advisor's availability to students who may need academic assistance. Advisors also try to keep in touch with upperclass students when they go to hospitals away from Chapel Hill for their clinical rotations.

> "Advisors are always included as students' advocates in any official review that deals with problems in performance or behavior. Advisors typically work with administrators to pinpoint the source of the problem and offer solutions."
>
> Cheryl F. McCartney, M.D.

"Advisors are always included as students' advocates in any official review that deals with problems in performance or behavior. Advisors typically work with administrators to pinpoint the source of the problem and offer solutions.

"For example, a student may underestimate the impact of a part-time job on study time until a poor evaluation is recorded. Or, learning disabilities or anxiety problems may interfere with effective study and/or test performance. Remedial programs are available to help students master difficulties such as these."

Twice a year, McCartney hosts lunchtime meetings for the entire group of faculty advisors to discuss issues of general concern to students and to present new policies and programs.

McCartney says she receives calls from advisors seeking advice about counseling students. Generally, she helps them to help the student, rather than stepping in herself.

Nadia Malouf, M.D., associate professor of pathology, dealt with a student who came to her office almost daily the first two or three weeks, concerned about passing anatomy.

"I think she was concerned that she could not do as well as she was used to doing," Malouf recalls. "She had taken biochemistry and cell biology before, so they were not new to her. Human anatomy, she felt, was not totally under control."

The situation was so severe that Malouf called McCartney for guidance in handling the case. From the student's college academic record, they learned that she had been used to earning very high grades. The large volume of material to be learned, and what she had heard—how hard medical school was—caused her to panic.

McCartney suggested tutoring and having some of Malouf's older advisees reassure the new student. Malouf took all her advisees out to dinner and the older students made clear they'd each felt the same before their first tests. The worried student passed her first test in anatomy and went on to finish her first year with honors.

McCartney says the medical school's commitment to the value of the Advisors Program is deep. Recently, Barbara R. Renner, Ph.D., joined McCartney's staff as student affairs' program director. "Among her duties will be the coordination of the Advisors Program," McCartney said. "We hope that her new role will allow us to increase communications with advisors and to provide them with more background information to support their important work with our students.

Cheryl F. McCartney, M.D., associate dean for student affairs (left), discusses plans for the semi-annual advisors meeting with Pattie T. Currie, assistant to the advisors program.

"One of the other resources we have," says McCartney, "is career goal advisors. These faculty members are designated by their departments to counsel students who have chosen their specialties. They review the person's record to help them to select residency training that matches their talents and offers the best fit.

"Career goal advisors also help students prepare their personal statements and resumes. Often, advisors will write letters of recommendation. The advisors are especially knowledgeable about the various programs' strengths and weaknesses, and can help the students focus on several that are in line with their abilities and interests.

Each UNC medical school department has one or more faculty members designated to counsel students on career matters. Watson

UNC Class Advisors

The following UNC faculty volunteers serve as class advisors. (List was compiled by the Student Affairs Office.)

Frederic B. Askin, Pathology
Stuart Bentley, Pathology
Lee R. Berkowitz, Medicine
Carl L. Bose, Pediatrics
Watson A. Bowes, Ob/Gyn
Eugene M. Bozymski, Medicine
Marie M. Bristol, Psychiatry
James P. Browder III, Surgery
James A. Bryan II, Medicine
Hugh J. Burford, Pharmacology
Steven J. Burnham, Surgery
Donald K. Bynum, Surgery
Philip L. Carl, Pharmacology
Mark Chandler, Psychiatry
Nancy Chescheir, Ob/Gyn
John A. Cidlowski, Physiology
William L. Coleman, Pediatrics
Romulo E. Colindres, Medicine
Myra L. Collins, Pathology
Herbert A. Cooper, Pediatrics
Marila C. Cordeiro-Stone, Pathology
Frederic G. Dalldorf, Pathology
Marion Danis, Medicine
Georgette Dent, Pathology
Deborah J. Dotters, Ob/Gyn
Amelia F. Drake, Surgery
Albert L. Ehle, Neurology
Sue E. Estroff, Social Medicine
James E. Faber, Physiology
Janet J. Fischer, Medicine
Newton D. Fischer, Surgery
Donald T. Forman, Pathology
Leonard S. Gettes, Medicine
Peter H. Gilligan, Microbiology
Hillel J. Gitelman, Medicine
Noelle A. Granger, Cell Biology & Anatomy
Walter B. Greene, Surgery
John T. Gwynne, Medicine
Robert E. Gwyther, Family Medicine
Alfred R. Hansen, Surgery
Herbert Harned Jr., Pediatrics
Curtis Harper, Pharmacology
Marianna M. Henry, Pediatrics
William N. Herbert, Ob/Gyn
Charles A. Herbst Jr., Surgery
Jean Hernandez, Psychiatry
Katherine A. High, Medicine
Axalla J. Hoole, Medicine
James F. Huth, Surgery
Laura J. Kalfayan, Biochemistry & Nutrition
Vern L. Katz, Ob/Gyn
Bernadette Keefe, Radiology
Mark Koruda, Surgery
Stuart Lacey, Surgery
Henry R. Lesesne, Medicine
Gayle E. Lester, Surgery
Kenneth J. Levin, Anesthesiology
Myron B. Liptzin, Psychiatry
Edith K. MacRae, Cell Biology & Anatomy
Donald L. Madison, Social Medicine
Nadia Malouf, Pathology
Stanley R. Mandel, Surgery
William C. McGaghie, OED
William W. McLendon, Pathology
Michael Mill, Surgery
Melanie Mintzer, Family Medicine
Pierre Morell, Biochemistry & Nutrition
Myrlin Murphy, Student Health Services
Shihadeh Nayfeh, Biochemistry & Nutrition
Edward A. Norfleet, Anesthesiology
Roy C. Orlando, Medicine
Leonard A. Parker, Radiology
Robert L. Peiffer Jr., Ophthalmology
Hugh D. Peterson, Surgery
Carl G. Pickard Jr., Medicine
Harold C. Pillsbury III, Surgery
William S. Pollitzer, Cell Biology & Anatomy
Robert L. Reddick, Pathology
Dennis W. Ross, Pathology
Desmond K. Runyan, Social Medicine
Ryan B. Sartor, Medicine
Susan Schooley, Family Medicine
Gene P. Siegal, Pathology
John T. Sessions, Medicine
Michael C. Sharp, Pediatrics
Ross J. Simpson Jr., Medicine
Frank T. Stritter, OED
Mary H. Sugioka, Pediatrics
George K. Summer, Biochemistry & Nutrition
Colin G. Thomas Jr., Surgery
Thea D. Tlsty, Pathology
M. Susan Tucker, Surgery
Mahesh A. Varia, Radiology
Park W. Willis, Medicine
Susie Y. Wong, Ophthalmology
William B. Wood, Medicine
Bonnie Yankaskas, Radiology
James Yankaskas, Medicine

A. Bowes, M.D., professor of obstetrics and gynecology, is the ob/gyn career goal advisor.

Bowes says he operates on three levels.

"First, I try to operate as a student advisor, not as a recruiter for students to go into ob/gyn. I try to be sure they make the right decision, that they understand what's involved. Maybe the best thing I do is talk some people out of it. Because the further you go, the tougher it is to turn back.

"Second, I advise them on the options within the field. It's a kind of generalist field in that you can be close to a family physician, yet also have the additional opportunity of specialization. I look at their careers with that in mind. And I'm always interested in their families, where they want to live. If they tell me they always wanted to practice in Washington, NC, that their wife wants to live there, I understand that. They probably won't be happy in New York City.

McCartney says she receives calls from advisors seeking advice about counseling students. Generally, she helps them to help the student, rather than stepping in herself.

"Third, I deal with the specific problem of how to go about this intensive, stress-producing process of the residency match." Bowes says he answers questions about the reputations of ob/gyn programs at various hospitals, and works to guide students to a better awareness of their interests. He also helps shepherd his advisees through the process of writing for residency applications, accepting invitations and making interview visits.

"They'll come back and say, 'Is this program as good as it seems?' or 'Is that place as bad as I think?' 'Should I put Johns Hopkins ahead of Harvard?' "

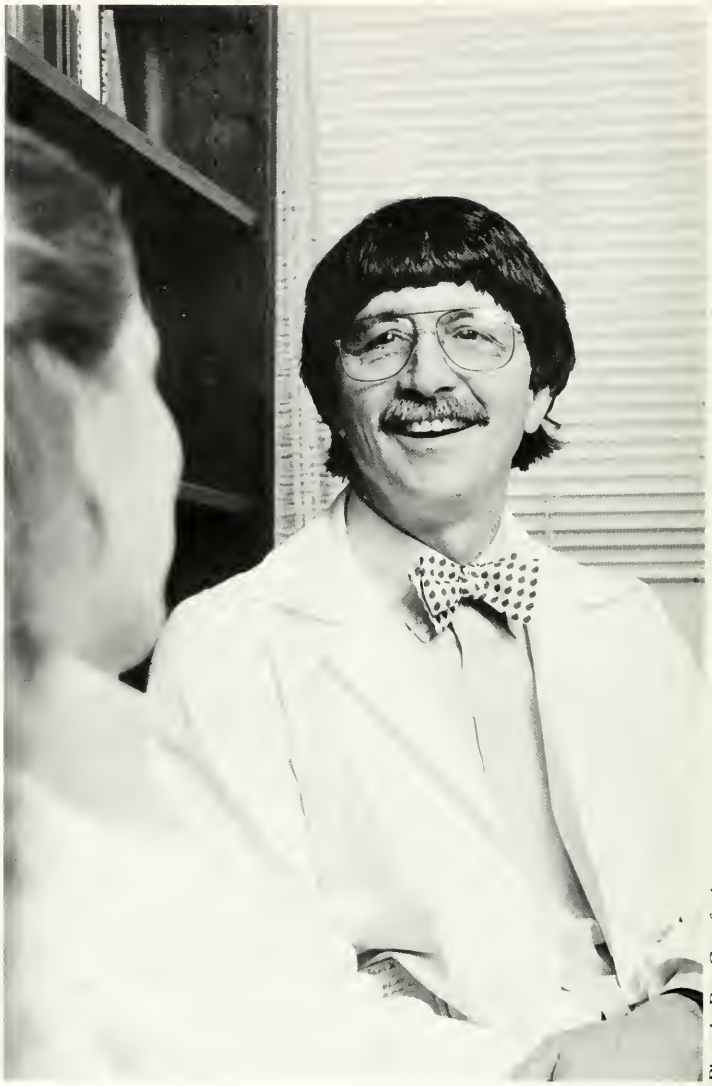


Photo by Dan Crawford

Watson A. Bowes, M.D, professor of obstetrics and gynecology, talks with a student about her choices of residency programs.

Bowes considers all this, then adds, "It's the most time I spend on any one thing, aside from seeing patients."

Bowes said he had just returned from a meeting in Florida, where three residents whom he had formerly counseled came up to him. "That happens regularly," he says. "Those are wonderful lifetime friendships you form." He pauses. "That's what academic medicine is all about, I think."

That is the recurring theme in the School of Medicine Advisors Program—helping those coming along today the way the advisors themselves were once helped, or wish they had been.

Integrity in Scientific Research: How to Strike the Right Balance

The accompanying article is excerpted from remarks made by Kunihiko Suzuki, M.D., at a National Institutes of Health-Minority Biomedical Research Support Symposium in Houston, TX.

Suzuki received his undergraduate degree in history and philosophy of science and his medical degree in Japan, before coming to the United States to pursue residency training in clinical neurology. Subsequent to that, he became a full-time researcher in enzymology and, more recently, molecular biology of genetic neurological disorders. Suzuki, who became director of the Biological Sciences Research Center at the University of North Carolina in 1986, characterizes himself as a "lifelong practicing bench scientist."

By Kunihiko Suzuki, M.D.
Director,
Biological Sciences Research Center
Professor of Neurology and Psychiatry

Let's first consider the problem. During the past several years, increasing numbers of cases of misconduct and fraud in scientific research have been reported by the media. As a consequence, the public is more aware of issues surrounding appropriate scientific conduct.

Since a large proportion of scientific research is being supported by the federal government and thus ultimately by tax money, the public concern is well taken. The sentiment that one misconduct is one too many is understandable. Nevertheless, if the best course we can take were to eliminate misconduct and fraud at any cost, the problem would be simple and perhaps does not deserve an extensive discourse. Unfortunately, it is not that simple. Hasty, sledgehammer solutions, no matter how well meaning, will not only hurt the scientific community but, in the long run, will be seriously detrimental to the entire society.

Since a large proportion of scientific research is being supported by the federal government and thus ultimately by tax money, the public concern is well taken. The sentiment that one misconduct is one too many is understandable.

Few dispute the fact that the overall scientific endeavor in this country has been enormously successful. What is the source of this productivity? One can point to many factors; the right system, money, resources, etc. But, above all, it is the enthusiasm of scientists that maintains American scientific output. As a lifelong practicing scientist, I can say with confidence that, for the vast majority of scientists, research is not a job. It is something they really want to do in life. More than anything else, this collective internal drive of scientists moves science along.

I do not mean to suggest that scientists are all altruistic idealists. The field of scientific research is inhabited by humans, like in any other activity in civilized society. There will always be a few rotten apples. Fraud and misconduct do occur from time to time. I doubt that, human nature being as it is, any amount of regulations and safeguards would ever abolish misconduct altogether. However, I believe it is important to recognize several levels of seriousness in which scientific misconduct occurs.

On the most serious level are outright fraud, experiments that were never done, willful manipulation and selection of data, and flagrant plagiarism. While these are incidences that attract attention of the general public most, I believe that this type of serious misconduct or fraud represents a minuscule segment of the enormously successful scientific endeavor. Perpetrators of fraud on this level risk being quickly found out: irreproducible results trigger science's time-honored self-correction mechanism and such situations are quickly rectified.

It is more often on the secondary level where misconduct occurs. Academic promotions, seats on editorial boards and grant reviewing committees, and invitations to international symposia, all too often depend on the number, rather than quality, of publications. Publish results, even of so-so quality,

and you will become known in the field, if you publish enough of it. Misconduct at this level can go on unnoticed for a long time because it doesn't make much difference if the results are correct or not.

There are even more subtle forms of such secondary "misconduct." Many of these are not usually discussed in the context of scientific misconduct but they are nevertheless forms of misconduct in my own book. A partial litany of these types of malefactions include: unfair citations of literature and history revisions that give the author undue

When regulations force scientists to attend to trivial details and plain chores, I predict that productivity of those who try to comply with all the regulations will decline because not only will they have less time, but, more importantly, they will be less motivated.

credit, violation of confidentiality in the peer review process, the withholding of critical information necessary to duplicate the work, and the listing of co-authors who may not have contributed anything meaningful to the work being described. Also, there have been cases where unique materials, such as monoclonal antibodies or clones of genes without which the authors' work cannot be reproduced have been withheld from other qualified investigators. Or worse, I have heard about incidences where unique materials were given to other investigators with a blanket stipulation that any work done with the material is a "collaboration" and the supplier must be included as an author, even though

Photo by Jay Mangum

Kunihiko Suzuki, M.D., (right) professor of neurology and director of the Biological Sciences Research Center, with post-doctoral student Junji Nishimoto, M.D., of the Osaka (Japan) University School of Medicine.

the only contribution the supplier made was to provide the unique materials.

On the other side of the coin, there are investigators who wait until someone else does the hardest part of the work and then request the fruit of other's hard work and run with it, disregarding what the supplier might have intended to do himself/herself with the materials. These minor but nevertheless collectively very detrimental trends violate the basic courtesy and civility of scholarly activities.

Let us now consider what we might do to reduce and, if possible, to eliminate serious misconduct.

In considering the means to maintain integrity of scientific research, I would like to keep the following three factors in mind; (1) scientific research in general has been an enormously successful endeavor, (2) the most fundamental driving force for scientific research is the collective enthusiasm and the inner drive of participating scientists, and (3) by its very nature, honest errors and mistakes are intrinsic ingredients of successful scientific research. Whatever we might do to maintain the integrity of scientific research, it should not compromise these fundamentals.

We all agree that scientific misconduct of any nature is bad. What worries me, however, is that society, in its zeal to eliminate the last trace of misconduct "at any costs" could impose additional layers of safeguards and regulations that might stifle the critically important internal motivation and enthusiasm of scientists. I strongly believe that what scientists need is more time to do science, not more paperwork. When regulations force scientists to attend to trivial details and plain chores, I predict that productivity of those who try to comply with all the regulations will decline because not only will they have less time but, more importantly, they will be less motivated.

I believe an additional burden of regulations and paperwork on scientists will reduce scientist productivity. Even a small reduction in the overall productivity of the scientific community is nothing short of disaster and is incomparably more detrimental to the general welfare of the country than a few cases of misconduct that might otherwise slip through. The central question is what are the reasonable measures that might be taken to reduce scientific misconduct without negatively affecting productivity. More regulations and bureaucracy beyond what we already have are not the answer. Those who hold the view, "one misconduct is one too many," may be shocked to read this. In principle, I agree, but we cannot treat this issue in isolation. One serious misconduct is much more visible than a 1 percent reduction in overall productivity, and yet the latter is by far more detrimental and costly to the society.

Even though I don't consider more regulations and paperwork the answer, I don't mean there is nothing we should or can do to minimize incidences of fraud and misconduct in scientific research.

If we can somehow find a way to eliminate the "publish or perish" mentality as well as reality, we would go a long way toward reducing scientific misconduct without instituting any more regulations.

I believe senior scientists must do a better job of transmitting the sense of propriety and responsibility of being scientists to younger generations. Deeds are more important than lectures. They must demonstrate rigorous objectivity and self-discipline in scrutinizing their own raw data, their own interpretations and conclusions during their direct interactions with junior members of the team.

We could also work harder to modulate what I perceive to be unreasonable competitiveness of American science—the attitude that says: "Beat your competitor and win at any cost." In my view, science is a cultural activity which civilized societies do, similar to art, music, literature or philosophy. Nobody goes to listen to a late quartet of Beethoven looking for pragmatic benefit. Similarly, science has its own intrinsic value, aside from its undeniable pragmatic benefits, the part most visible to the public. Unreasonable competitiveness spoils the very essence of this civilized activity.

And, something must be done about "publish or perish." This reality of academic science forces some academics to do "research" when their talents can better be utilized in other spheres of activity, such as teaching, administration, and in cases of physicians, patient care. Under these circumstances, temptations to cut corners, if not to cheat outright, are ever-present. If we can somehow find a way to eliminate the "publish or perish" mentality as well as reality, we would go a long way toward reducing scientific misconduct without instituting any more regulations. In that direction, I personally support the recent trend of considering only a limited number of publications in evaluation of scientists. The National Academy of Sciences and the Nobel Committee do reasonable jobs by evaluating no more than a dozen papers of any candidate.

Finally, I must re-emphasize the extreme importance of separating all degrees of scientific misconduct from honest errors and mistakes. All of us who have been active in scientific research for any significant length of time have our share of errors. Some have more, and some have less. I myself once was unable to reproduce my own published data with my own hands. I sent letters to more than 40 colleagues throughout the world who I knew were working on the subject, informing them of my own inability to reproduce my own data.

One must recognize that, unlike misconduct, honest errors are an essential part of scientific research. As Johann Wolfgang Goethe said in Faust, "Man irrt solange er strebt." One makes mistakes as long as one strives.

Laughter– It's Good Medicine

By Leslie M. Purcell

It's nearly 9 p.m. Your medical organization's members have had their fill of meat loaf and potatoes. They've plodded through the night's long, dull agenda falling prey to one somnolent speaker after another. They're deadened. Lifeless. You think there's no way to bring them back to life.

But then...in walks Ed Sutton, M.D.!

"Remember going on your psychiatry rotation in medical school?" Sutton asks his audience. "I had a time with psychiatry. They kept changing the terms on me, so I really didn't know what they were talking about. I had a very simple classification when I was a medical student. If they were under age 40, they were schizophrenic. From 40 to 60, they had involutional melancholia. If they were older than that, they had senile dementia. And if their pupils didn't work, they had syphilis."

Instantly this medical humorist from Burlington, NC, has transformed a nearly comatose group into a vibrant knee-slapping audience.

Sutton, a 1949 graduate of the UNC Certificate of Medicine program, received his medical degree from the University of Pennsylvania Medical School and completed an internship at the Medical College of Virginia before becoming a member of the original housestaff at North Carolina Memorial Hospital in Chapel Hill.

After seven years of practicing family medicine in Rockingham, NC, Sutton did a residency in obstetrics and gynecology at North Carolina Baptist Hospital in Winston-Salem then moved to Burlington where he practiced his specialty for 36 years.

After he retired last year, Sutton decided to take his humor on the road. This transition from medicine to show biz was a natural one for a raconteur like Ed Sutton who always has a joke and a smile for his patients and colleagues. Now, billing himself as a medical humorist, he recounts humorous experiences from his training and practice to medical and civic organizations in a stand-up routine.

> **"I talk about what laughter does to you, how it helps you both physically and psychologically. . .There's no doubt that people are more relaxed when they laugh. It helps people cope with stress, and it relieves anxiety."**
>
> Ed Sutton, M.D.

"The theme of my talk is 'Laughter—It's Good Medicine.' I talk about what laughter does to you, how it helps you both physically and psychologically," Sutton said. "There's no doubt that people are more relaxed when they laugh. It helps people cope with stress, and it relieves anxiety.

"I go into a little bit of the medical effects of laughing. Then I sort of extol the people to try to find the funny things in life and weave them into their lives," Sutton said. "I tell them how much better they'll be in every way by doing that."

Sutton takes his own advice about humor as he jokes about his experience as a patient. "While I was lying on the operating table," Sutton said, "I realized that the fellow about to cut on me was the same guy who had missed a six-inch putt the afternoon before."

A couple of Sutton favorites about medical school are:

"When you go before the medical school admissions committee, they always ask you a lot of questions. And you've got to have the right answers ready for them. One of the things they always ask you is 'Why do you want to be a doctor?' And you say, 'Because I love people and hate money.' And then they say, 'What kind of doctor do you want to be?' And you say, 'I want to be a family practitioner in a small community and refer all my cases to this medical center.'

"Remember the first time you ever went in the operating room? When I was an intern at the Medical College of Virginia, the chairman of the Department of Surgery was named Isaac Bigger. He was the slowest operator I believe I've ever seen. He was so slow that we measured the time of operations not in hours but in Bigger Units. And it was said that the average surgeon could do an appen-

dectomy in about 300 millibiggers."

Sutton said that some of the funniest things that happened to him were when he was rummaging through the back woods and sand hills as a family physician in the Rockingham area. He likes to include stories about those years in his routine:

"When I arrived at this town of 3,800 people, there were eight other doctors. I'd had a year of internal medicine at the great medical center in Chapel Hill and was the only person who had had any form of contact with an electrocardiogram. So they made me the heart specialist.

"One Sunday, shortly after I arrived, one of the old doctors came and asked me to go out and see a patient who was in congestive heart failure. So we drove out to the man's house.

"This man was a bootlegger out on the Pee Dee River. We went out as far as we could go in the car and then walked through a pine thicket for about a hundred yards. He lived in a two- room shack, and all of his relatives from all over the county had packed into this building.

"The old man was propped up in the corner next to an open window frothing at the mouth and pulling his last breath. And the rest of the people were using up all the available oxygen in the room.

"After examining the man, we made our way back through the people, and I told the old doctor what I thought I would do. Of all the things I suggested, he had none of them in his bag. All he had was some morphine. So we decided to give him that. So we went back through the crowd, and with a great deal of ceremony, he mixed up the shot of morphine, gave it to me, and I stuck the needle in the man's deltoid.

"Before I could push the morphine into the muscle, he gave one last gasp and died.

"Then someone in the back of the room said in a stage whisper, 'Didn't they kill him quick?' "

Like his audiences, Sutton gets a good feeling from his performances. "It's amazing. If I'm standing up there and I really tell a story that goes over well, there's this explosion out there, and it just sort of wraps itself around me. I feel like they're reaching out and saying 'you're really great. We really appreciate it.' "

Sutton's new profession is, in a way, a different twist to his previous one. He's still talking medicine and making people feel better. But now he's doing it by putting people in stitches instead of putting stitches in people.

As he has demonstrated, when you have a sense of humor, you can practice the "best medicine" even after you retire.

"What kind of doctor do you want to be? I want to be a family practitioner in a small community and refer all my cases to this medical center."

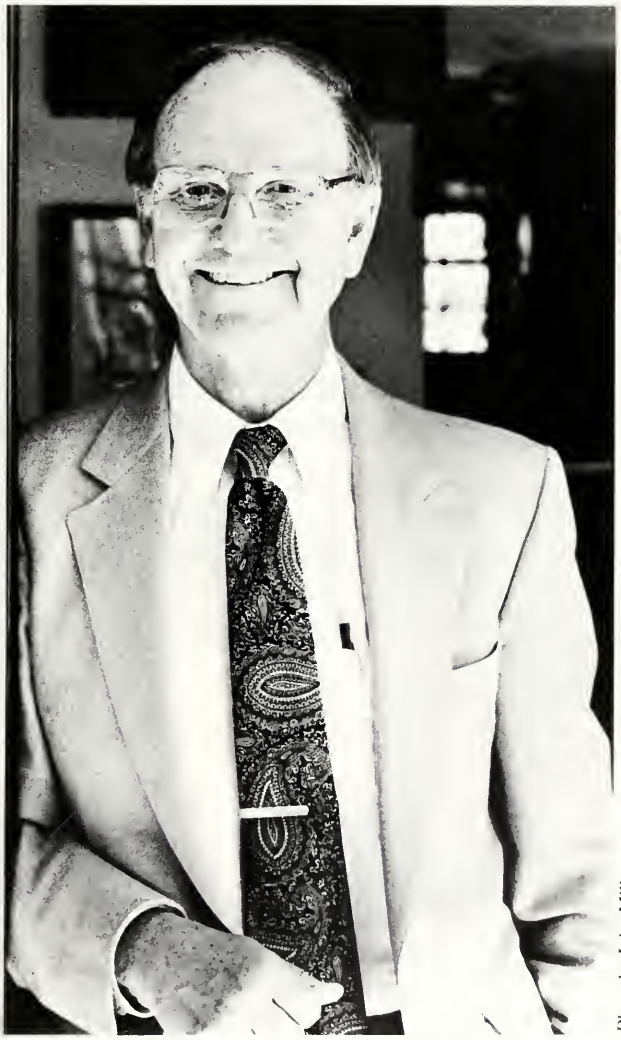


Photo by John Mills

UNC alumnus Ed Sutton, M.D., shown here at his home in Burlington, NC, retired from his medical practice last year to begin a new career as a medical humorist.

UNC Earns Continuing Medical Education Re-accreditation; Sets Future Course

The re-accreditation of the CME program at the University of North Carolina School of Medicine is a four-year stamp of approval by the Accreditation Council for Continuing Medical Education.

"We are pleased that our past efforts in the CME area have been recognized, but we also view this as a reaffirmation of our commitment to improve the quality of lifelong education for the physicians of North Carolina," said William E. Easterling Jr., associate dean for continuing medical education and alumni affairs.

"We expended a lot of energy during the past six months preparing for the accreditation process," he said. "The staff is to be commended for their work. The compilation of material (about 5 inches thick) helped us crystalize our mission."

Nancy Barnes, administrative assistant for CME programming, said the addition of two CME program coordinators is helping ensure that future CME offerings are responsive to the needs of physicians across the state. These coordinators are Dail White and Janice Wade, and both have several years' experience in previous assignments within the University's health affairs community, according to Barnes. Sheron Lyon is responsible for accounting in the office.

"There's no doubt we've improved our service tremendously, and we are gaining input from the faculty and department chairs to develop some exciting and timely CME offerings," Easterling said. "We invite everyone back for Spring Alumni Weekend on March 23-24, to see for themselves."

Development of a solid CME curriculum for the future is a major priority in 1990, Easterling said. He is hoping to appoint a full-time CME director early in the year who will take responsibility for this task and other aspects of the academic mission of the office.

One new twist that Easterling is adding to the CME function is creation of a committee made up of frequent users of CME services. "We will be assembling up to eight persons who do business with this office on a regular basis to give us some feedback—in an open-ear environment."

When looking at the big picture of CME in the future, Easterling says UNC has a definite advantage over other medical schools—the existence of the AHEC network.

For some time, the Area Health Education Centers have been actively providing CME offerings on their own, and according to Easterling, these efforts will continue.

"Where it's appropriate for the medical school to have a role, we will provide faculty and resources," he said. "Our goal is to build a close relationship with the AHEC CME coordinators."

In the area of alumni affairs, Easterling's office is strengthening its level of liaison activities with the Medical Alumni Association. Ines Morcombe has joined the staff as department secretary; Stephanie Stadler is now serving as the executive assistant for alumni affairs.

"This brings a new dimension to our alumni affairs program, and we are dedicated to improving communications to foster collegiality and teamwork amongst the alumni group," Easterling said.

"We're interested in hearing from the alumni relating to CME or any other subject, for that matter," Stadler said. "We promise to respond quickly and do our best to provide helpful information."

"Obviously," Easterling said, "alumni support is central to the success of our new Medical Alumni Endowment Board, which has embarked on an ambitious fund-raising

Got a problem? Need some help?

Call the Alumni Affairs and CME hotline at (919) 962-2118, Monday-Friday from 8 a.m. to 5 p.m.

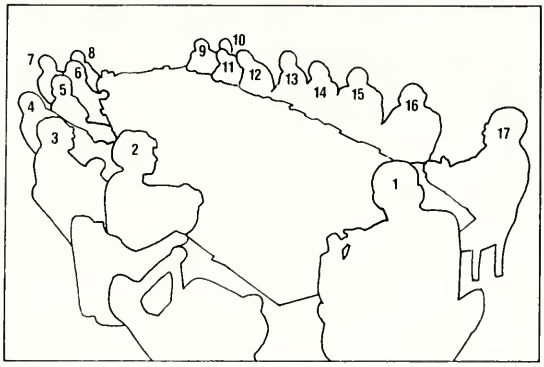
You'll get action and answers...ASAP.

goal of $1 million in its first year of operation.

"We are optimistic that our graduates and former housestaff, who are all alumni of this institution, will see they are benefiting from the emphasis we are placing on communications, comradery and CME.

"If so, we think they will be more inclined to support us through their contributions to the Loyalty Fund as well as the new Endowment Fund. I might add as a reminder, the Loyalty Fund is a vital means of support for the Medical Alumni Association, so in many ways it's the glue that holds this whole operation together.

"We are looking forward to interacting more with the alumni in the future and expect to be their entree into the University by either answering any non-patient care questions they may have or by putting them in touch directly with the appropriate party. We believe Chapel Hill is still a great place to be and want to provide an open link for all of our alumni," Easterling said.



Those attending the first meeting of the Medical Alumni Endowment Board were: 1. Richard "Dick" Boyd, M.D. '56, Chair; 2. Jane McNeer; 3. Everett Nordstrom; 4. Grimes Byerly, M.D. '50; 5. Jennifer Briggs; 6. Kim Robinson; 7. Joseph Russell, M.D. '69; 8. William Wood, M.D. '56; 9. David Rendleman, M.D. '70; 10. John Foust, M.D. '55; 11. Noel McDevitt, M.D. '64; 12. Daniel Crocker, M.D. '70; 13. Charles Powell; 14. Stephanie Stadler; 15. Stuart Bondurant, M.D.; 16. Luther Kelly, M.D. '46; 17. William Easterling, M.D. '56.

Computer Modeling Emerging as Reliable Research Adjunct

By Val Lauder

More is being written about animal research today than at any time in history.

Newsweek, in a cover story on the battle over animal rights, cited "America's growing preoccupation with the moral status of animals. Scholars say more has been written on the subject in the past 12 years than in the previous 3,000."

There is a perceived dichotomy. While the United States is a nation of animal lovers, the country also has the most advanced medical care in the world. Much of the medical knowledge—and many of the healing techniques—that exist today came about as the result of animal research.

The case for biomedical research is neither new nor local. It has been reported that every modern surgical technique was first tried in animals and every drug anybody takes today was first tried in animals.

William D. Huffines, M.D., professor of pathology, associate dean for basic sciences, and chair of the Animal Care and Use Committee that reviews all research proposals, notes there is a steady decline in recent years in the use of animals in research. One reason is the emerging use of computer modeling.

Benson R. Wilcox, M.D., professor of surgery and chief of the Division of Cardiothoracic Surgery, points out that "A goal of much of the NIH-sponsored research currently under way in our division is to develop mathematical models of the pulmonary circulation using the computer. Ultimately, we will be able to take patient and research-oriented information and analyze it using computer models, thereby minimizing the need for animal models."

Carol N. Lucas, Ph.D., professor of surgery, biomedical engineering and mathematics curriculum, has been working with mathematical modeling of characteristics of the circulation of blood through the lungs, with a focus on children.

> **"There needs to be some quality control process to make sure that the computer simulations agree with the physiology, because otherwise you can go off on a tangent and your models may be very self-consistent themselves but they may not have any relevance to physiologic states."**
>
> Jack W. Buchanan Jr., M.D.

What computer modeling has added is the ability, as Lucas put it, "to project things you can't see readily."

One of the goals is to understand what's normal, so researchers can then better understand what's abnormal—a task that's complicated by physical growth and other changes in the childhood years.

As Lucas and Wilcox talked, a TV monitor in Wilcox's office showed a surgical procedure in progress on a boy, about 4 years old, they called "Johnny."

"Johnny," said Wilcox, "is a direct beneficiary of the research. In the past, our approach might have been, 'We've got Johnny. Let's go and re-create Johnny in this dog, operate on him so he has all these features, and see what happens to the dog. Then, we'll operate on Johnny.'

"Instead of doing that we now say, 'Let's take these numbers that we have from Johnny and put them in the computer and see what happens to the model, and then we'll operate on Johnny.'"

Computer modeling, however, is not the sole reason for the decline in the use of animals according to James R. Pick, D.V.M., director of laboratory animal medicine.

"There's definitely a national trend in reduction of animal numbers but I don't think it's just computer simulation. I think there are many things that are happening that have changed the need for animals in particular kinds of research, and I think Dr. Huffines spoke to that when he said if an investigator has an in vitro system that gives a better answer, a less expensive answer, a less complex answer, any investigator, in my experience, is going to replace the animal laboratory with a better testing system.

"Animals are expensive. Things can go wrong in animal systems because they are biological systems. Researchers are ex-

tremely concerned about the care and treatment of the animals they study in order to have valid results. It surprises most people to know that more than 90 percent of the animals used for research are mice, rats and other rodents; this is because scientists prefer to study the lowest life form available.

"I don't want to leave the impression that computers are the panacea—computers are a tool. With computers, you can do a lot of predictive things, and so that might reduce the number of animal studies...and I think that's appropriate, because it is ethically important to minimize the use of animals when we can."

Pick added that in some cases, though, the use of the computer modeling can cause an increase in the use of animals, "particularly if a new drug or procedure is identified that is predicted to be therapeutically useful and must be tested in animals."

Jack W. Buchanan Jr., M.D., assistant professor of medicine and biomedical engineering and co-director with Benjamin M.W. Tsui, associate professor of radiology and biomedical engineering, of the biomedical computing and display facility, agrees the notion that computers can totally replace animals is "probably an oversimplification."

"In our own research we feel that the people who do the modeling need at least some familiarity with the animal data. And there needs to be some quality control process to make sure that the computer simulations agree with the physiology, because otherwise you can go off on a tangent and your models may be very self-consistent themselves but they may not have any relevance to physiologic states," Buchanan said.

"On the other hand, by having the comprehensive computer model you can greatly maximize the use of each animal, and thereby minimize the number of animals used."

The biomedical computing and display facility allows researchers to display data in a more complete fashion, which may decrease the number of animal experiments that need to be done. Computers, therefore,

> **"A goal of much of the NIH-sponsored research currently under way in our division is to develop mathematical models of the pulmonary circulation using the computer."**
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> Benson R. Wilcox, M.D.

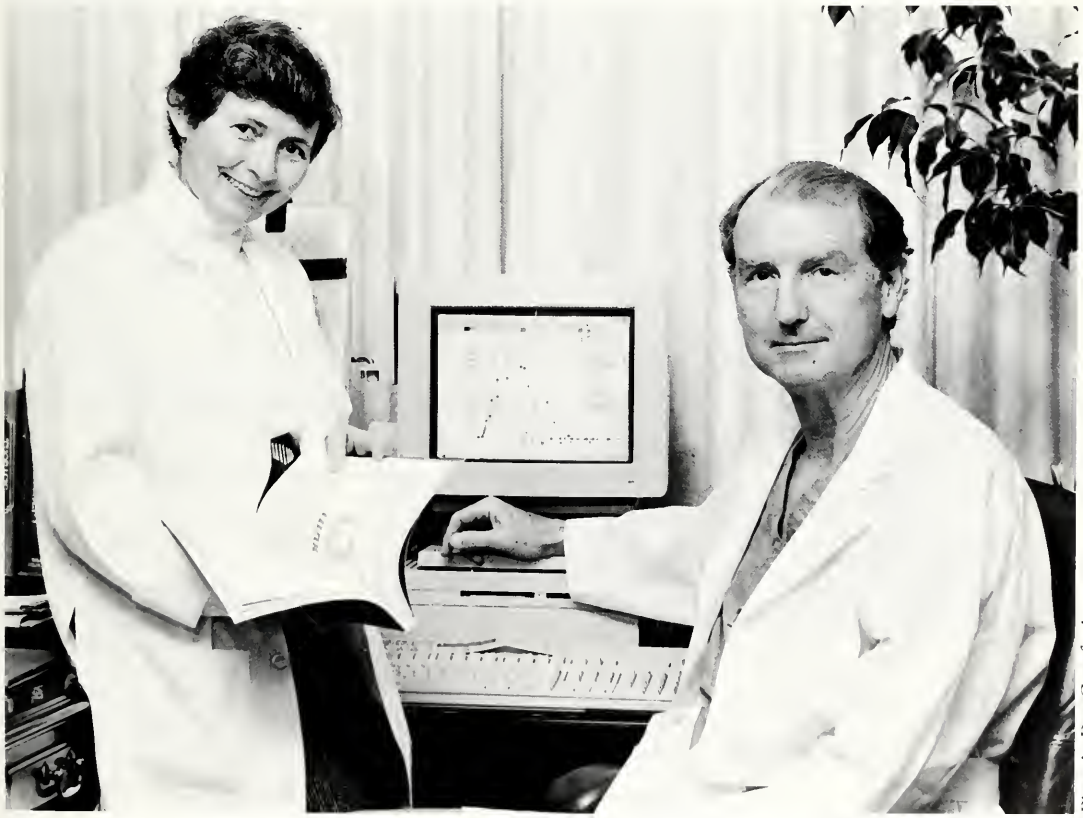


Photo by Dan Crawford

Carol Lucas, Ph.D., and Benson R. Wilcox, M.D., use computer modeling to analyze and replicate patient and research-oriented information.

not only replace animals in the simulations but reduce the number of animals needed because computer techniques allow better display of animal data.

Buchanan, pointing to paperwork for 11 projects, explains that six are oriented toward decreasing the use of animal experimentation. (The others may have that effect but were not designed primarily to do that, either because they never used animals or their development of new instruments hasn't reached the animal testing stage.)

Ben Wilcox perhaps summed it up when he said that there are certain cases in which it is obvious that you do something—in his case, operate—as there are certain cases in which it is obvious that you don't. What computer modeling is helping surgeons, physicians and researchers to better determine is what they should do when the situation is not clear-cut...without recreating that situation in animals to see what happens to them.

UNC Receives Grant to Launch Innovative Educational Program: 'Medical Student's Tool Kit'

The doctor's medical bag of the future will be a laptop computer.

The physician will key in the patient's symptoms; the computer will assist in diagnosis. Easy to use, fast, accurate.

"In five years, it will be very unusual for a physician not to have access to a computer," predicts Charles P. Friedman, Ph.D., of the School of Medicine.

"As a nation, we are seeing—and accepting—computerization in our daily lives, so the public is saying it's OK for doctors to use computers in their work, too," said Friedman, director of the medical school's Office of Educational Development.

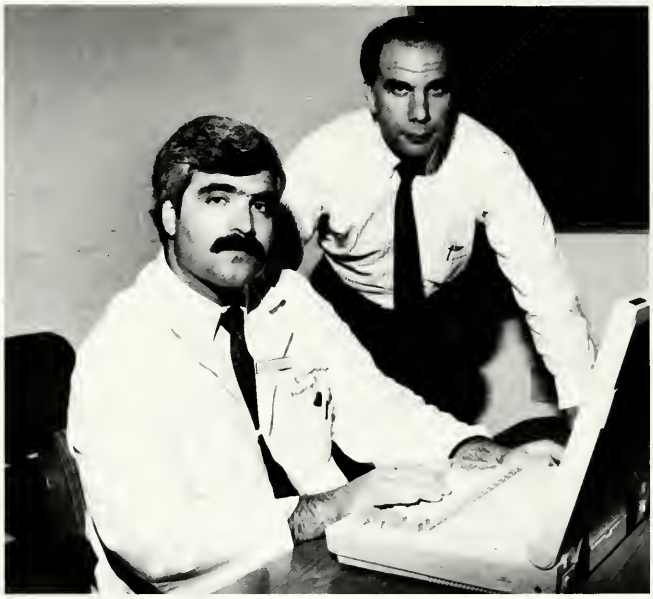
"This is why we are introducing the 'medical student's tool kit' at UNC," Friedman said. "It is a laptop computer containing the types of software physicians will be using increasingly to support their clinical work."

He and Robert G. Berger, M.D., clinical associate professor of medicine, recently received a $34,986 two-year grant from the National Fund for Medical Education to test the "tool kit" with a pilot program in rheumatology.

Berger, a specialist in that field, wrote the initial versions of the software package. He said it offers enormous educational benefits to students.

There are a number of simulation exercises. Students are given a situation and are asked to respond. There are several options that lead to different outcomes.

Berger said the clinical database will provide students with patient data that will enhance their training. Students also may use the tool kit to gain access to biomedical literature on the subject of rheumatology.



Robert G. Berger, M.D., (seated) and Charles P. Friedman, Ph.D., of the Office of Educational Development, say computers will be used increasingly in medical education, as well as to assist in diagnosis.

"One of the most exciting capabilities is the diagnostic application," Berger said. "Students will input symptoms and the computer will give them diagnostic advice. This has great potential to enhance the quality and speed in delivery of patient care."

Approximately 20 students, in the course of their studies, will be introduced to the rheumatology tool kit this year. The grant includes funding to measure how students used the program and what they learned.

"The opportunity to use computers in medical education is pretty exciting," Friedman said, "and we believe this pilot program can be extended and focused very precisely on other disciplines."

Berger added, "The tool kit idea reinforces changing attitudes about the best place to store medical knowledge—moving it from the bookshelf to the floppy disk."

News Briefs

Bondurant Chairs Governor's Task Force

Dean Stuart Bondurant, M.D., has been appointed chair of the Governor's Commission on the Reduction of Infant Mortality, a 27-member task force to discover ways to reduce North Carolina's high infant mortality rate.

North Carolina currently ranks last among all 50 states in the number of babies who die before their first birthday, with more than 1,200 deaths in 1988. According to Gov. James G. Martin, the commission will attack the problem directly by focusing on educating women in prenatal care and alerting them to the dangers of drugs, especially if taken while pregnant.

"It's an action commission," Bondurant said. "We know what to do, and the work of this commission will be to see that we get on with it and that we make a real difference." He added that the commission will look into ways to make prenatal care available, as well as affordable to all women.

Bondurant said the commission's short-term goal would be to reduce the state's infant mortality rate to 10 deaths for every 1,000 live births by 1993, a target established earlier this year by a panel of North Carolina health experts.

McNeer to Coordinate Fund Raising

Jane McNeer has been named director of development for alumni affairs for the UNC School of Medicine and assistant director of the Medical Foundation of North Carolina, Inc. In this newly created position, McNeer will support development efforts for the UNC School of Medicine, including the Loyalty Fund and the Medical Alumni Endowment Fund.

A 1975 graduate of West Virginia University, McNeer has extensive experience in development and fund raising. Some of her accomplishments include directing a successful $25 million five-year capital campaign for Roanoke College in Virginia and recruiting national leaders for the board of the Duke Comprehensive Cancer Center. Most recently, McNeer did marketing and consulting work.

McNeer will primarily be responsible for fund-raising efforts associated with the endowment fund, which has an initial goal of $1 million. Already, she has recruited a steering committee of alumni and faculty. "As with any capital campaign, gaining the support of faculty and board members is critical before approaching major gift prospects," McNeer said. To date, more than $250,000 has been pledged.

McNeer will be working with John W. Foust, M.D.'55, of Charlotte, who is serving as national chairman for the medical school's annual giving program, the Loyalty Fund.

"She has a record of success from both the fund raising point of view and from programs which have been initiated and developed through her efforts," said Everett Nordstrom, executive director of the Medical Foundation. "She's accomplished a great deal and we're excited about her potential as a member of the Medical Foundation."

Adelaide Holderness led the festivities at the 1989 Holderness Fellowships program in November. Among the celebrants were (from left), Eugene Orringer, M.D., faculty advisor, David S.B. Blythe of Chapel Hill, a 1989 Holderness Fellow, and John Sessions, M.D., master of ceremonies. The fellowship program was established in 1980 by the Howard Holderness family of Greensboro to encourage student-faculty research relationships. Other 1989 recipients included: Benita F. Banks, Paul Brechtelsbauer, Robert L. Cook, Gerald E. Cooley, Dana V. Darien, John W.C. Entwistle, Catherine M. Gordon, Sandra L. Miller, Wanda K. Nicholson, Christopher W. Sturbaum and Gilbert R. Upchurch.

News Briefs

Urophysiology Program In Full Operation

The UNC medical center has created a new program that unifies and expands its urodynamic evaluation and treatment services under one roof.

Under the direction of M. Susan Tucker, M.D., associate professor of surgery, the Urophysiology Lab has served as an evaluation center for patients with a variety of lower urinary tract conditions since January 1989. The program has treated more than 5,000 patients and has performed 106 urodynamic evaluations.

Tucker said specialized urology services the lab provides help the medical team pinpoint various causes of and treatments for urodynamic problems. "Some urologic problems are neurologic, some psychosomatic, some stress-related and others purely physiological," Tucker said.

"We think we're able to find people for whom surgery is the best option and those for whom drugs are the best option. If you take all the people with incontinence, for example, and do surgery, half the time it won't work."

She notes the lab is expanding personnel to handle high patient demand by adding a medical fellow and several nurses to the team. And she said the program, which treats patients from the Carolinas and Virginia, has significant research potential. "We're collecting data every single day," Tucker said.

UNC Hospitals Announces Creation of Griffin-Shull Nurse Scholarship Fund

More nurses at UNC Hospitals will be able to take advantage of educational opportunities in 1990, thanks to the newly established Griffin-Shull Fund that will provide scholarship grants to nurses.

An initial contribution of $50,000 has been made by Clarence A. and Betty Shull Griffin of Charlotte and by Haynes G. and Virginia Griffin of Greensboro.

The fund is in memory of J. Rush Shull, M.D., who received his medical certificate from the University of North Carolina in 1908, and Joseph R. Shull Jr., a member of the UNC class of 1936. It is also named in recognition of UNC medical school alumni William H. Shull, M.D. '42, a cardiologist in Charlotte, and Clarence A. (Nick) Griffin III, M.D. '71, an anesthesiologist in Boulder, CO.

"We are delighted to be partners in the creation of the Griffin-Shull fund," said Eric B. Munson, executive director of UNC Hospitals.

"The mission of the fund is to help outstanding nurses gain access to the educational system to attain additional knowledge and nursing skills—advancing the overall quality of patient care in our institution.

"We are deeply appreciative to the Griffin families for their warm generosity, and we hope others will find merit in contributing to this fund."

13 Receive Alumni Loyalty Awards

Thirteen UNC medical school students have received Alumni Loyalty Awards for the 1988-89 academic year. The $250 awards were given to first and second year students based on academic achievement and to third year students who earned Honors in all clerkships.

Students receiving the Award are: First year—Lisa Hoekstra and Susan J. Whitney; Second year — Ron Kaplan and Sherri Zimmerman; Third year—John E. Barkley, William de Araujo, Lianne M. de Serres, John M. Kilby, John H. Krege, Sean M. Muldowney, Andrew M. Scharenberg, Jennifer S. Smith and Anne M. Traynor.

UNC Doctors Named In National Guide

Twelve physicians from the University of North Carolina School of Medicine have been named in an "Outstanding Medical Specialists in the U.S." guide published in the October and November issues of "Town & Country" magazine. Nominated by more than 1,200 of their colleagues, the physicians were chosen based on their regional or national prominence through research.

Faculty named were: Watson A. Bowes Jr., Robert C. Cefalo and Wesley C. Fowler, all obstetrics and gynecology; Robert Briggaman, dermatology; Philip A. Bromberg, pulmonology; Nortin M. Hadler and John Winfield, rheumatology; John C. Parker, hematology and oncology; Don W. Powell, digestive diseases; Harold Roberts, hematology; Luther Talbert, reproductive endocrinology; and Joel E. Tepper, oncology.

INTRAH Program Celebrates Anniversary And New Contract

September held special significance for UNC School of Medicine's INTRAH program: a new $22.9 million five-year contract with the Agency for International Development and a 10th-year anniversary.

INTRAH (International Training in Health) allows medical school faculty and students to travel to developing countries, particularly in Africa and Asia, to help improve service-provider skills in nursing, family planning, medicine and paraprofessional health care delivery.

According to James W. Lea, Ph.D., director of the Office of International Affairs, INTRAH is the oldest continuously operating international health program in any U.S. university, due to steady institutional and financial support, which is not always the case for many international health programs.

"Because both funding and institutional commitment for our kind of enterprise can wax and wane, major programs such as this one tend to peak early and peter out," he said.

Lea added that in the 10 years of carrying out INTRAH's mission, he and his staff learned a lot about managing a large and complex international operation.

"We've learned, for instance, how to promote acceptable standards of care in the absence of much of the infrastructure we take for granted here. We've learned how to practice responsible program and financial management of activities taking place half a world away and how to assist management development in other organizations when

U.S. norms and controls just don't exist," he said.

INTRAH currently supports 17 ongoing training projects worldwide.

Scientists Correct Gene in Mice

A major new genetic research initiative, begun last summer at UNC, has led to two medical school researchers' success in correcting a defective gene in mice.

Oliver Smithies, Ph.D., professor of pathology, and Beverly Koller, Ph.D., a postdoctoral associate in pathology, announced their findings in the November issue of the Proceedings of the National Academy of Sciences.

"With this work, we have been able to demonstrate that we can start with a known defect in a gene, alter only that gene in a specific way and re-introduce it into the animals so that the offspring of those animals now have that gene corrected," Smithies said.

Smithies and Koller are now working on developing animal models for cystic fibrosis and sickle cell anemia.

Dean Bondurant, Mrs. Norma Berryhill and lecturer Colin G. Thomas Jr., Mr. and Mrs. Sanford Doxey Jr. Distinguished Professor of Surgery, share a few moments after the Norma Berryhill Distinguished Lecture last fall. Thomas presented an historical perspective on the Department of Surgery.

Lineberger Cancer Research Center Receives 5-year Grant

The Lineberger Cancer Research Center has been awarded a five-year grant from the National Cancer Institute. The first-year award is $1.3 million, and the grant will total about $8.4 million over the five-year period.

"With this funding, we can expand our clinical research and cancer outreach programs and develop new core facilities such as the DNA tumor bank for use by center scientists and provide biostatistical expertise for researchers," said Joseph S. Pagano, M.D., director of the Lineberger Center and principal investigator for the grant.

Researchers Link Heart Pain, Depression to Lack Of Endorphins

Heart disease patients who have a tendency toward depression produce significantly less of a natural opium-like substance called beta endorphin during exercise than similar patients who do not have the tendency, according to a study conducted at the UNC School of Medicine.

The study may help explain why some heart patients suffer strong chest pain during exertion while others do not.

David Sheps, M.D., professor of medicine and cardiology, is principal investigator. Co-authors are Kathleen Light, Ph.D., assistant professor of psychiatry; Edith Bragdon and Margaret C. Herbst, research associates; and Alan L. Hinderliter, M.D., assistant professor of medicine.

Measurement immediately after exercise of heart disease patients showed that those with low depression ratings produced five times more beta endorphins than subjects with the high depression scores.

Sheps said that what causes the relationship between the endorphin response to exercise, the tendency toward depression and the presence or absence of angina is difficult to tell at this point. "It could be the condition of having more frequent painful episodes might cause the minimal endorphin response to stress," he said.

"Or it may be the other way around—that an abnormal endorphin response might make someone more likely to have pain. A third possibility is that a tendency toward depression might be the primary abnormality which produces a minimal endorphin response and in turn makes the patient more likely to have pain during exercise."

News Briefs

Taylor Hall Is Dedicated As Tribute to Former Dean

Academic administrators and former colleagues paid tribute to former dean Ike Taylor in Chapel Hill October 6 when the facility known as the Swing Building was formally dedicated as Isaac M. Taylor Hall.

T. Frank Williams, M.D., a former UNC School of Medicine faculty member, who currently serves as director of the National Institute on Aging, delivered the keynote address.

He said construction of Taylor Hall represented an "imaginative and unique plan" whereby private enterprise assumed responsibility for capital debt.

"Ike then personally convinced Dr. James Shannon, then director of the National Institutes of Health, to agree that NIH would pay rent for use of the Swing Building space as a legitimate part of the costs of grants supporting research in it. That policy, established then for the first time, has continued to be an important element in NIH's support of our national research endeavors," Williams said.

"Ike also obtained commitments of clinical departmental chairmen to provide the dean with part of their clinical income to assist in paying the costs of this building, even though it was mainly used by basic science departments; Ike saw and emphasized the importance of development of the basic sciences as undergirding for further clinical advances."

The dedication event was not without its lighter moments. Williams told the story of when Ike Taylor, M.D., was precepting him as a fourth year medical student at Massachusetts General Hospital. A clinic patient's X-ray was tagged with an abnormality.

"I could find nothing wrong with him," Williams said, "and Ike had to point out to me that the patient had situs inversus—his heart was on the right rather than the left side.

"But as I remember, or like to think, both Ike and I really concluded that his heart was mostly in the middle."

T. Frank Williams (far left), director of the National Institute on Aging, gave the address at the dedication of Isaac M. Taylor Hall last fall. Shown congratulating Dr. Taylor (second from left) are: C. D. Spangler Jr., president of the University of North Carolina; Dean Stuart Bondurant; Chancellor Paul Hardin; Earl N. Phillips Jr., chairman of the UNC Board of Trustees; and former Chancellor Christopher C. Fordham III.

New Ways to Understand Clots

A UNC researcher has reported studies that may lead to better understanding of blood clotting and aid in the development of new drug delivery systems.

Charles S. Johnson Jr., Ph.D., of the Center for Thrombosis and Hemostasis, and his students have successfully combined the processes known as electrophoresis and high-resolution nuclear magnetic resonance, or NMR. By combining the two technologies, three-dimensional graphs that resemble topographical maps of mountain ranges can be produced.

"This technique should help us observe, for example, the movement of blood platelets through clots, which are fibrin gels," he said. "That should enable us to study the platelets themselves, the structure of the clots and the differences between clots formed under different conditions."

Understanding blood clot behavior is important in preventing strokes and heart attacks and is a major emphasis of the Center for Thrombosis and Hemostasis.

Expansion of Research Facilities Gains Approval From UNC Trustees

Designs for two new research buildings planned for the southern perimeter of the medical center have been approved by the UNC Board of Trustees.

Construction on a seven-story Musculoskeletal Diseases/Alcohol Studies/Medical Research Building is scheduled to begin in late spring.

The structure, with an area of 140,000 square feet, will be built on the southeast corner of Manning Drive and Columbia Street. The budget for this facility is $30.8 million, of which $4.5 million are state appropriated funds.

One wing will be named in honor of D.J. "Doc" Thurston and contain Musculoskeletal Diseases Research facilities. A primary occupant will be the UNC Multipurpose Arthritis Center.

A second wing will be named in memory of Hargrove "Skipper" Bowles and will house the UNC Center of Alcohol Studies.

Trustees also approved plans for a multistory Environmental Protection Agency building to be located off Mason Farm Road. This facility, with an area of 120,000 square feet and a construction budget of $28 million, will largely replace mobile units that currently house the EPA laboratories.

The EPA project represents a continuation of a 15-year collaborative effort between UNC and the EPA to conduct air quality research to study the health effects of air pollution on human beings.

Class of '93 Shows Great Diversity

This year's entering class represents diversity in age, gender, ethnicity and background that has become a trend in recent years in the medical profession, said William E. Bakewell Jr., M.D., associate dean of admissions.

The class of 160 first-year medical students includes 61 women, 38 percent of the total. This compares favorably to the nationwide average of 37 percent first-year female medical students. Nearly one-fifth of the class of '93 is non-white.

The 160 students represent 55 different undergraduate schools. Nineteen have at least one advanced degree, Bakewell said, and many are pursuing medicine as a second career.

Perhaps the most interesting statistic about the incoming class, said Bakewell, involves age distribution. While most of the class of '93 is in its early 20s—the traditional age for first-year medical students—48 students, 30 percent of the entering class, are 25 or older. In all, 17 students, more than 10 percent of the total, are 30 to 39 years old, and two students are 40 years and older.

"These demographics are consistent with trends we've seen over the past few years that may signal a new breed of medical student," said Bakewell.

"Today's medical student is more likely to be older, female, a minority, or entering medicine from another field than we saw 10 years ago. Having a broader representation of backgrounds contributes a great deal to the educational process for students and leads to a well-rounded generation of physicians."

Four Students Accepted to Distinguished Medical Scholars Program

Four UNC medical students have been accepted to the Medical School Distinguished Scholars program, a new honors curriculum offered to third-year medical students.

Larry R. Padgett of Charleston, WV, Ron L. Kaplan, Stephanie W. Heindel and Benjamin K. Merritt, all of Chapel Hill, will each be awarded two-year $15,000 scholarships. In the first year, they will receive $10,000 to study laboratory, epidemiologic or other research under the supervision of a mentor. In addition, each scholar will present bi-weekly seminars on issues not usually covered in-depth in the medical school curriculum. Possible topics include government and medicine, physicians in politics, ethics and public health.

In the second year of the program, scholars will be awarded $5,000 to continue their fifth year of medical school, with the additional requirement to attend and participate in the seminar series.

The goal of the program, according to John S. Kizer, M.D., professor of medicine and pharmacology and associate director at the Biological Sciences Research Center, is to encourage students to think more critically and independently, whether they go into research or private practice. "This program will develop a more curious and thoughtful physician. Students trained to practice and enjoy the rigors of scholarly thinking would be a benefit to their colleagues. They'll know what it takes and what it means to investigate a difficult question," he said.

Funding for the scholarships was provided by the UNC School of Medicine and the Burroughs Wellcome Fund.

Class Notes

Manning Berryhill Club

Louis Appel, M.D. '31, lives in Newtown, CT, and is an amateur radio operator. He would like to contact other UNC medical school alumni "hams." His call sign is KC4FQF.

Ralph B. Garrison, M.D. '31, celebrated his 80th birthday January 2. He is retiring after 55 years of family practice in Hamlet.

50s

Gertrude A. Bales, M.D. '50, has been named associate chief of staff for ambulatory care at the Veterans Administration Medical Center in Canandaigua, NY. Currently chief of medical service at the medical center, Bales joined the staff in 1984 as a respiratory service physician.

James F. Richards Jr., M.D. '56, has been elected chairman of the Board of Councilors of the American Academy of Orthopaedic Surgeons. The Board of Councilors is an advisory body to the AAOS, whose members are elected by orthopaedic surgeons in each state. Richards is the managing partner of the Matthews Orthopaedic Clinic in Orlando, FL.

Richards

Robert S. Cline, M.D. '57, works part time with the Park Medical Center in Research Triangle Park. He lives in Sanford and recently welcomed his third grandchild.

James W. Fresh, M.D. '57, retired in 1988. He lives in Green Cove, FL.

Thomas M. Haizlip, M.D. '58, begins a six-year term on the Committee on Certification in Child and Adolescent Psychiatry of the American Board of Psychiatry and Neurology, Inc., effective January 1, 1990. He is director of the Division of Child and Adolescent Psychiatry at Dorthea Dix Hospital in Raleigh.

A. Everette James Jr., M.D. '59, recently was a member of the committee of diagnostic radiology during the 17th International Congress of Radiology in Paris, France. Also, this past fall, James and his son exhibited a collection of Indiana regional art dating from 1890-1930 at the University Club in Nashville, TN. James is chairman of the Department of Radiology and Radiological Sciences at the Vanderbilt University School of Medicine and senior research associate of the Vanderbilt Institute for Public Policy Studies.

60s

Duncan S. Owen Jr., M.D. '60, has been named the first Taliaferro/Scott Distinguished Professor of Internal Medicine. Owen is a rheumatologist at the Medical College of Virginia/Virginia Commonwealth University.

Wayne B. Venters, M.D. '64, is president of the North Carolina Orthopaedic Association. Venters lives in Jacksonville, NC, and is president of Onslow Orthopaedics.

Robert E. Sevier, M.D. '66, has just moved his practice to a new office in Greensboro. He has a daughter studying pre-pharmacy at UNC.

C. Richard (Dick) Fleming, M.D. '69, moved to Florida in 1987. He has four children, one of whom is a freshman at UNC.

70s

Clarence Griffin, M.D. '71, practices anesthesiology in Longmont, CO. He and his wife have three children, and invite you to visit them "on your way skiing."

Edgar W. Little, M.D. '71, practices pediatrics at Wendover Pediatrics in Greensboro. He and his wife, Lynda have two daughters, Sherry, who plans to enter UNC in 1990, and Melissa.

Robert B. Felder, M.D. '72, is an associate professor of medicine in the Cardiovascular Diseases Division, Department of Internal Medicine, at the University of Iowa College of Medicine in Iowa City. He is currently researching the reflex control of the circulation, with an emphasis on the role of the central nervous system. He and his wife, Judy, have two children.

Frederick C. Heaton, M.D. '72, has opened a gynecology/infertility practice in Raleigh. He currently serves as 1989-90 president of the Tammy Lynn Center and 1990 president of the medical staff at Wake Medical Center.

John R. Luraim III, M.D. '72, of Oak Park, IL, has been named the first John and Ruth Brewer Professor of Gynecology and Cancer Research at Northwestern University Medical School. He currently heads the Gynecologic Oncology Section at the school.

David A. Grimes, M.D. '73, has received the Kaiser-Permanente Award for Excellence in Clinical Teaching from the University of Southern California School of Medicine. A professor in the Departments of Obstetrics and Gynecology and Preventive Medicine, Grimes was also awarded the Lester T. Hibbard Teaching Award from the school.

Michael A. Wall, M.D. '73, is an associate professor of pediatrics and chief of the Pediatric Pulmonary and Critical Care Section at the Oregon Health Sciences University. Also president of the Pediatric Assembly of the American Thoracic Society for 1989-90, Wall is married to Catherine Ellison, M.D.

Stephen Ray Mitchell, M.D. '76, is assistant professor of internal medicine and pediatrics, director of the Childhood Arthritis Clinic at Georgetown University Hospital and co-chairman of the Intern Selection Committee in the Department of Medicine. He and his wife, Ellen, live in Alexandria, VA, and would "welcome any Tar Heel visitors."

80s

Douglas P. Kiel, M.D. '81, and his wife, Kellene Buckley, are proud parents of a baby girl, Sabrina Lindsey Kiel, born April 25, 1989.

Jean Haywood, M.D. '82, is enjoying life in Oakland, CA, as a child neurologist for Kaiser Permanente, Northern California Region.

Patricia A. Michael, Ph.D. '82, M.D. '86, demonstrated medical software she co-developed at the November Symposium on Computer Applications in Medical Care in Washington, DC. The program, RadOnc, is an integrated radiation oncology clinical database and information retrieval system.

Mark D. Peacock, M.D. '82, has returned to North Carolina after being stationed in Okinawa, Japan, with the Navy for the past three years. He is starting an obstetrics and gynecology practice in Davidson. Peacock lives in Mooresville, with his wife, Sheila, and three children.

Thomas C. Darrell, M.D. '83, has joined **Gary C. Jones, M.D. '83,** at the Fuquay-Varina Family Practice in Fuquay-Varina. They would like to hear from classmates and friends in the Triangle area.

Paula F. Miller, M.D. '83, is a cardiology fellow at UNC. She lives in Chapel Hill with her husband and two sons.

Curt Elliot, M.D. '84, has moved to Columbia, SC, where he is studying at the Columbia Biblical Seminary in preparation to go overseas as a medical missionary. He and his wife, Edina, have two children.

Ron E. Pruitt, M.D. '84, received the Fellow Award in Biliary Lithotripsy from the American Lithotripsy Society at a recent meeting in Denver, CO. Pruitt practices gastroenterology in Nashville, TN.

Steven James Baumrucker, M.D. '86, received the Chief Resident Award, after completing a three-year residency at the Holstom Memorial Hospital in Kingsport, TN. He and his family reside in Londonberry, VT, where he practices family medicine.

Chuck Bolick, M.D. '87, is chief resident in Family Practice at the University of Iowa at Iowa City for 1989-90. He and his wife, Mary, are expecting their first child in March.

Timothy O. Jenkins, M.D. '87, practices radiology in Concord.

Joseph E. Roberts Jr., M.D. '87, is a third year resident at Moses Cone Hospital in Greensboro. He and his wife, Ramona, have one child, Samantha Leigh.

Deaths

Morton Pizer Dies at Age 64

Morton Eli Pizer, M.D. '45, died June 9, 1989, in a Raleigh hospital. He was 64. A physician at the North Carolina State University Student Health Department, Dr. Pizer also held a clinical associate professorship of pediatrics at the UNC School of Medicine.

Eddie P. Stiles, M.D. '63

N.C. Medical Society Appoints UNC Alumni

Several UNC alumni were appointed to leadership positions in the North Carolina Medical Society at its 135th Annual Session, which took place recently in Asheville. They are:

Edwin W. Monroe, M.D. '49, named as president-elect, to take office in November 1990. Monroe currently serves as executive dean and professor of medicine at East Carolina University School of Medicine in Greenville.

W. Grimes Byerly Jr., M.D. '50, elected as vice-councilor of the Fifteenth District. A surgeon in Hickory, Byerly is currently president of the UNC Medical Alumni Association.

Richard V. Liles Jr., M.D. '57, elected councilor of the Twelfth District. Liles, a family practitioner at the Albemarle Family Medical Center in Albemarle, is also a Diplomate of the American Academy of Family Physicians.

J. Grayson Hall, M.D. '57, elected councilor of the Fourteenth District. Hall practices family medicine in Dobson.

H. David Bruton, M.D. '61, elected first vice president. A pediatrician in Southern Pines, Bruton is also chairman of the Medical Society's Legislative Committee and an alternate delegate to the American Medical Association.

Daniel Gottovi, M.D. '71 (HS), elected vice-councilor of the Fourth District. He serves as medical director of Wilmington Health Associates and is a past president of the North Carolina Thoracic Society. Gottovi is also past president of the alumni association.

Faculty Notes

Bondurant Named to IOM Council

Stuart Bondurant, M.D., dean of the UNC School of Medicine, has been elected to the Council of the Institute of Medicine of the National Academy of Sciences. Bondurant began a three-year term in January.

The Institute of Medicine, chartered in 1970 as a component of the National Academy of Sciences, is concerned with the protection and advancement of health in the United States and the world. The 21-member Council to which Bondurant was elected, is responsible for setting policy and approving all projects, programs and budgets for the Institute.

Members of the IOM respond to requests from government and other private and public agencies for studies and advice on matters related to health and medicine. The Institute disseminates information and promotes understanding of timely health issues and maintains liaison with major scientific and professional societies concerned with health and medicine.

Forty-five to 50 new members are elected each year by existing members. Current Institute membership includes 825 professionals from research, education and other fields such as nursing, law and engineering. Forty-four members are North Carolinians, including former UNC Chancellor Christopher C. Fordham III, M.D., of the School of Medicine.

Norfleet Receives Fuller Award

Edward A. Norfleet, M.D., professor of anesthesiology and vice chair of the Department of Anesthesiology, has received the 1989 H. Fleming Fuller Award for dedication to compassionate patient care and excellence in teaching.

The annual award is given in memory of H. Fleming Fuller, M.D., a Kinston physician and longtime member of the North Carolina Memorial Hospital Board of Directors, who died in 1986.

Norfleet is director of Cardiothoracic Anesthesiology Services at UNC Hospitals.

Norfleet

"Ed Norfleet is more than an extremely competent anesthesiologist," said Eric B. Munson, executive director of UNC Hospitals. "He is also one of the kindest, most caring physicians a patient could have. He loves people and is committed to serving them, as was the man for whom this award is named."

Fuller Award recipients are selected by a special panel from candidates nominated by physicians and employees at the UNC medical center.

"Dr. Norfleet is a superb doctor in all respects," said Stanley R. Mandel, M.D., associate dean for clinical affairs and UNC Hospitals' chief of staff. "He is an extraordinarily sensitive and compassionate person—sincere, warm and genuine."

"He's the kind of anesthesiologist surgeons want to work with, because you always know your patients are in good hands."

Jay A. Anderson, M.D., an assistant professor of anesthesiology, was a resident physician in anesthesiology at N.C. Memorial before joining the staff as a faculty physician. Norfleet was one of his teachers.

"If you ask the residents who have trained here who they remember as having the greatest and most positive influence on them, many would say Ed Norfleet," Anderson said. "There is no finer role model."

A native of Charleston, SC, Norfleet earned both his undergraduate and medical degrees at UNC. He joined the anesthesiology department faculty in 1973.

"I am honored and flattered by this award, even though there are about 400 other people who deserve it at least as much as I do," Norfleet said, referring to fellow members of the Hospitals' medical staff. "I am surrounded by role models who have taught me how to take care of patients. This is one of the great medical centers in the country and there are some fantastic people here."

Previous Fuller Award recipients are Campbell McMillan, M.D., professor of pediatrics (1988), and George Johnson Jr., M.D., Roscoe Bennett Gray Cowper Professor of Surgery (1987).

Leslie V. Parise, M.D., assistant professor of pharmacology, has received a $20,000 grant from the American Heart Association for a two-year research project to study the clumping of blood platelets and contraction of blood clots.

Parise

Parise, who is with the University's Center for Thrombosis and Hemostasis, also was the recipient of a $3,000 Junior Faculty Development Award in November for research into the causes of an abnormal, stroke-like condition seen in sickle cell disease patients.

Wesley Fowler Jr., M.D., professor and associate chair of obstetrics and gynecology and associate director of Cancer Control for the Lineberger Center, received the 1988-89 Professor Award. The award is presented annually by ob/gyn chief residents to an outstanding faculty member.

Fowler

James F. Huth, M.D., associate professor and director of Surgical Oncology, was elected to the Commission on Cancer, which is partially supported by the American College of Surgeons. Activities of the 90-member Commission are primarily patient-oriented through emphasis on the education of physicians and allied health personnel in new knowledge gained from basic clinical research.

Huth

Robert H. Fletcher, M.D., and **Suzanne W. Fletcher, M.D.,** have been named editors of the Annals of Internal Medicine by the American College of Physicians. The Fletchers, both professors of medicine and epidemiology at UNC, will join the college as editors March 1.

The Fletchers are co-directors of the UNC Training Program in the Internal Clinical Epidemiology Network and are founders of the Journal of General Internal Medicine. Also, the two were co-chiefs of the Division of General Medicine and Clinical Epidemiology from 1978 to 1986.

James L. Mohler, M.D., assistant professor and director of Urologic Oncology, has been awarded a $50,000 grant by the Edwin Beer Committee of the New York Academy of Medicine. William C. Stubing, director of the Academy, said Mohler and another researcher were selected from a large pool of candidates equally divided between individuals with Ph.D. and M.D. degrees.

Mohler

Mohler will use the grant to study prostatic overgrowth and cancer, the most common male cancer, causing 28,500 deaths annually. Benign overgrowth of the prostate requires operation in 400,000 Americans annually. The growth of both tumors is governed by the male hormone testosterone in the nuclei of cells in the tumors. Mohler hopes to discover more about the hormonal regulation of prostatic growth and develop new treatments for both ailments.

Mohler has been on the Department of Surgery faculty for two years and is currently involved in research activities at the Lineberger Cancer Research Center.

Eugene P. Orringer, M.D., has been named the Dr. Verne S. Caviness Professor of Investigative Medicine. A specialist in hematology, Orringer heads the Clinical Research Unit at UNC Hospitals. He is director of the UNC Comprehensive Sickle Cell Program and chairman of the Sickle Cell Advisory Committee of the National Institutes of Health.

Orringer

"Dr. Orringer is an internationally respected investigator and researcher in hematology, an outstanding teacher, clinician and director and a valued member of the faculty," said P. Frederick Sparling, chair of the Department of Medicine. "His dedication and devotion to investigative medicine, especially his highly recognized work with sickle cell disease, warrants his appointment to this prestigious professorship."

A Salute To Our Donors

On the occasion of the 40th anniversary of the Medical Foundation of North Carolina, Inc., gifts and contributions in support of many activities at the Medical Center in Chapel Hill reached record levels. For the fiscal year 1988-89, donations totaled $6,225,756. This represents close to a 100 percent increase over the previous year's contributions.

Through the generosity of Medical Alumni, Co-Founders Club, foundations, corporations and many friends of the School of Medicine and North Carolina Memorial Hospital, the Medical Foundation has once more been able to assist in supporting numerous programs at the Center. These include scholarship aid to deserving medical students, the funding of distinguished professorships, support of research programs in cancer, arthritis, hemophilia and many other disciplines. Generous support for these programs were received during the past year.

We dedicate this Honor Roll to all who have so thoughtfully and generously supported the School of Medicine and the Medical Center at Chapel Hill.

Everett R. Nordstrom
Executive Director
Medical Foundation of North Carolina, Inc.

P.S. We wish to acknowledge the generosity of the following whose names were inadvertently omitted from the 1987-88 Honor Roll.

Dr. W. Kirby Kilpatrick '64, Pinehurst
Dr. Lloyd C. McCaskill '55, Maxton
Dr. Alexander C. Mitchell '43, Frenchtown, NJ
Dr. James Allen Whitaker '31, Rocky Mount

Donors and the programs to which they have contributed appear on the following pages. All medical alumni donors are arranged by class, while the roster for friends and corporations/foundations is listed alphabetically. Following the name of each donor is an abbreviation of the program or programs to which contributions were made. Program abbreviations are: Loyalty Fund (LF), Co-Founders Club (CO) and Special Programs (SP).

The Loyalty Fund is the sole means of support for the Medical Alumni Association. Contributors to the Fund provide unrestricted monies for student scholarships and programs, publication of the *Medical Alumni Bulletin* and association activities such as Alumni Weekend.

The Co-Founders Club is an unrestricted gift club whose members support vital projects of the School of Medicine through unrestricted annual gifts of $1,000 or more.

The Special Programs category includes donations that support a variety of endeavors, such as the Jaycee Burn Center, the Lineberger Cancer Research Center, the UNC Multipurpose Arthritis Center, scholarships and so forth.

In compiling the Honor Roll, the Medical Foundation Office has made every effort to ensure accuracy. If errors or omissions have occurred, we apologize in advance.

The editors extend special thanks to Kimberly Robinson of the Medical Foundation office, who compiled this list.

(Photos appearing in this section are from the 1989 Whitehead Medical Society Christmas party, and were taken by Chapel Hill photographer Dan Crawford.)

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Edwin W. Monroe, Greenville LF
Edward Sutton, Burlington LF
Maxine Wallace, Oakland, CA LF

CLASS OF 1950
Gertrude A. Bales, Rochester, NY LF
Frederick O. Bowman, Jr., Riverdale, NY CO
Lowell E. Brittain, Charlotte LF
W. Grimes Byerly, Hickory LF CO
Charles F. Gilliam, Thomasville LF
Buel K. Grow, Jr., Belle Meade, NJ LF
Joel B. Huneycutt, Lake Wylie, SC LF
Harold H. Jeter, Jr., Florence, SC LF
George Johnson, Jr., Faculty LF CO SP
John L. McCain, DSA '81, Wilson LF SP
George F. Tucker, Zebulon LF
Charles R. Vernon, Wilmington LF
John L. Watters, Raleigh LF

CLASS OF 1951
Luther L. Anthony, Jr., Gastonia LF CO
S. Bruce Berkley, Jr., Goldsboro LF SP
Roy J. Blackley, Raleigh LF
William B. Blythe, II, Faculty CO SP
Baxter H. Byerly, Tallahassee, FL LF
William A. Futch, Conyers, GA LF
Murdoch R. McKeithan, Laurinburg LF
Luther W. Oehlbeck, Ft. Myers, FL LF
Jack W. Wilkerson, Greenville LF

CLASS OF 1952
Charles H. Powell, South Daytona, FL LF

CLASS OF 1954
Leland S. Averett, Jr., High Point LF
Paul H. Brigman, Trinity CO
George W. Brown, Hazelwood SP
Leon K. Cowan, Wilson SP
Malcolm Fleishman, Fayetteville LF CO
Charles B. Fulghum, Atlanta, GA LF
C. T. Partrick, Washington SP
Thomas Patterson, Farmville CO
Robert L. Tomlinson, Wilson SP
William H. Weinel, Jr., Wilmington LF

CLASS OF 1955
Henry Abernethy, Hickory CO
Julian S. Albergotti, Jr., Charlotte LF SP
Ralph E. Brooks, Jr., High Point LF
Walter E. Deyton, Danville, VA CO
John W. Foust, DSA '88, Charlotte LF CO SP
J. Eugene Glenn, Jacksonville, FL LF CO
James W. Hayes, III, Burlington CO
William D. Huffines, Faculty LF SP
Samuel G. Jenkins, Elizabeth City CO SP
Robert C. Jordon, Jr., Sanford LF
William L. London, Durham LF
Lloyd C. McCaskill, Maxton LF CO SP
John T. Monroe, Chapel Hill LF
Harold R. Roberts, Faculty LF
Oliver F. Roddey, Jr., Charlotte LF
Mary M. Rood, Raleigh SP
Palmer F. Shelburne, Greensboro LF
Henry L. Stephenson, Jr., Washington LF CO SP
Robert L. Summerlin, Dublin CO
G. Reginald Tucker, Jr., Henderson LF SP
William H. White, Jr., Sanford CO SP

CLASS OF 1956
John W. Deyton, Jacksonville LF CO
John T. Evans, Chattanooga, TN LF CO SP
Charles W. Fowler, Orlando, FL SP
William R. Harris, Hickory CO
John L. Hazlehurst, III, Asheville LF
Otis M. Lowry, Spring Hope LF
James D. Medders, Louisburg LF
Francis D. Pepper, Jr., Winston-Salem LF SP
Mark W. Roberts, La Jolla, CA LF
W. R. Stafford, Jr., Greensboro LF

CLASS OF 1957
Joseph J. Allen, Virginia Beach, VA CO
H. David Bruton, Southern Pines LF
James H. Burrus, Shelby LF
Robert S. Cline, Sanford LF
J. A. Green, Jr., Raleigh SP
J. Grayson Hall, Mount Airy CO
Bennett A. Hayes, Jr., Fayetteville LF CO
Jack B. Hobson, Charlotte LF
George Irvin, Coral Gables, FL SP
Richard V. Liles, Jr., Albemarle CO
H. Maxwell Morrison, Pinehurst SP
Harvey A. Page, Pikeville, KY LF
Raeford Pugh, Washington SP
James H. M. Thorp, Rocky Mount CO SP
Gerald M. Wagger, Palo Alto, CA LF
Benson R. Wilcox, Faculty CO SP
David A. Williams, Laurinburg CO

CLASS OF 1958
Clarence A. Bailey, Jr., Durham LF
M. Paul Capp, Tucson, AZ SP
David B. Crosland, Concord CO SP
James R. Edwards, Raleigh SP
George E. Ennis, Hickory LF CO
John S. Howie, Raleigh LF
Luther S. Nelson, Amarillo, TX LF
T. Lane Ormand, Monroe LF
Dewey H. Pate, Raleigh SP
John L. Winstead, Jr., Greenville CO SP

CLASS OF 1959
Cecil L. Barrier, Sr., Lawndale CO
Robert C. Brown, Greensboro CO SP
Charles F. Gilbert, Greenville LF
Joel S. Goodwin, Salisbury LF CO
Robert L. Green, Winston Salem CO
Morris A. Jones, Durham SP
Sherman Morris, Asheville CO
Julian W. Selig, Jr., Elizabeth City LF SP
Shahane R. Taylor, Jr., Greensboro CO SP

CLASS OF 1960
William B. Abernethy, Jr., Gastonia SP
John M. Blount, III, Salisbury SP
Sellers L. Crisp, Greenville CO SP
J. Thomas Fox, Jr., Charlotte CO
C. Wyckliffe Hoffler, Titusville, FL LF
James Marlowe, High Point CO
Duncas S. Owen, Jr., Richmond, VA LF

Robert B. Payne, Matthews LF SP
Elizabeth V. Raft, Durham LF
Charles W. Robinson, Jr., San Antonio, TX LF
Elliott Solomon, Scarsdale, NY CO
John C. Tayloe, Jr., New Bern CO SP

CLASS OF 1961
Benjamin Garrou, Sr., Valdese SP
Richard D. Jordan, Salisbury LF
William L. Owens, Clinton LF SP
Louie L. Patseavouras, Greensboro CO SP
Jerry E. Smith, Southern Pines CO SP
Josh Tayloe, Washington CO SP
Donn A. Wells, Ft. Lauderdale, FL LF

CLASS OF 1962
Lawrence M. Cutchin, Tarboro CO SP
Marion W. Griffin, Asheboro LF
Ray M. Hayworth, Knoxville, TX LF
John D. Marriott, Morehead City SP
Kenny J. Morris, Wilmington SP
William A. Nebel, Chapel Hill CO SP
William R. Pitser, Winston-Salem SP
Lambros C. Rigas, Rome, GA LF CO SP
David T. Watson, Atlanta, GA LF
A. C. Withers, Drexel CO

CLASS OF 1963
William P. Algary, Greenville, SC LF CO
Quincy A. Ayscue, Norfolk, VA LF
Neil C. Bender, Pollocksville CO
George C. Hemingway, Jr., Tarboro LF
A. Everette James, Nashville, TN SP
W. Bryan Latham, Coral Gables, FL CO SP
Charles J. Sawyer, III, Ahoskie SP
Samuel E. Scott, Burlington LF
Jerry A. Smith, Memphis, TN LF
Jack Welch, Greenville SP
James G. White, Ormond Beach, FL LF

CLASS OF 1964
Winslow Brabson, Hampton Fall, NH LF
W. Rowell Burleson, Lumberton LF
Roy L. Curry, Jr., San Francisco, CA LF SP
Clyde M. Gaffney, Sacramento, CA LF
W. K. Kilpatrick, Pinehurst CO
Robert L. Mauldin, Gainesville, FL SP
C. R. Wheeless, Jr., Baltimore, MD CO SP

CLASS OF 1965
Robert L. Grubb, Jr., St. Louis, MO LF
Robert T. Kindley, Ft. Walton Beach, FL LF
Thomas L. Presson, Jr., Greensboro CO SP
William F. Sayers, Winston-Salem LF
Williamson B. Strum, La Jolla, CA LF
Donald P. Whitley, Richmond, VA CO
Willis H. Williams, Atlanta, GA LF SP

CLASS OF 1966
Robert H. Bilbro, Raleigh SP
Paul L. Burroughs, Raleigh CO SP
Philip C. Deaton, Greensboro CO
Wesley C. Fowler, Jr., Faculty SP
Carol H. Hackett, Mercer Island, WA LF
Lawrence D. Henry, Ashland, MO LF
N. Neil Howell, Charlotte SP
William C. Hubbard, Raleigh LF
Peter L. Morris, Santa Barbara, CA SP
Hugh G. Murray, Jr., Atlanta, GA LF
Robert E. Sevier, Greensboro LF SP
J. Lewis Sigmon, Jr., Cornelius SP
Robert G. Simmons, Danville, VA LF
E. W. Stevens, Jr., Greensboro SP
W. Hunter Vaughan, Steubenville, OH SP
James A. Yount, Charlotte SP

CLASS OF 1967
Frank W. Avery, Raleigh CO SP
Gerald W. Blake, Raleigh LF
Vartan A. Davidian, Jr., Raleigh CO SP
C. Allan Eure, Raleigh CO
Elzie F. Hart, Morganton SP
L. Fuller Honeycutt, Raleigh CO SP
William H. Jarman, Jr., Gastonia SP
W. Jason McDaniel, Jr., Raleigh CO SP
Rudolph J. Mintz, Jr., Kinston SP
Albert L. Roper, II, Norfolk, VA LF
Henry C. Thomason, Jr., Gastonia LF CO

CLASS OF 1968
Joseph P. Archie, Jr., Raleigh CO SP
George W. Bensch, Stockton, CA LF
Theodora L. Gongaware, Savannah, GA SP
Alan Davidson, III, Long Meadow, MA LF
John L. Kirkland, III, Houston, TX LF CO
Jerold E. Lancourt, Dallas, TX LF
George G. Lothian, Reidsville LF
E. Frank Shavender, Durham LF
F. Charles Tucker, Jr., Pensacola, FL LF

CLASS OF 1969
H. Haynes Baird, Charlotte CO
H. Wallace Baird, Greensboro CO SP
Paul E. Brown, Hickory CO SP
Don C. Chaplin, Burlington CO
Andrew Davidson, New Bern LF CO
Thomas R. Griggs, Hillsborough SP
Edward W. Haselden, Columbia, SC LF
John G. Johnston, Charlotte LF
D. M. MacQueen, Wilmington LF SP
J. Tift Mann, III, Raleigh CO SP
David S. Sheps, Faculty SP
James W. Snyder, Wilmington LF
Karen Sorrels, Midlothian, VA CO

CLASS OF 1970
Jerry Charles Bernstein, Raleigh SP
R. G. Blair, Winston-Salem SP
Daniel L. Crocker, Rocky Mount CO SP
Stephen L. Green, Hampton, VA LF
John E. Hanna, Laguna Niguel, CA LF
Joseph M. Harmon, Sullivans Island, SC LF SP
W. Borden Hooks, Jr., Mt. Airy LF
C. Bryan Koon, Jr., Durham LF
Frederick G. Kroncke, Jr., Rocky Mount LF
Thomas W. Nicholson, Washington LF
Edward A. Norfleet, Chapel Hill SP
David A. Rendleman, III, Raleigh CO SP
M. Eugene Sherman, Aurora, CO SP
James B. Sloan, Wilmington LF SP
Edwin L. Walker, Littleton, CO LF CO
Dewey D. Walker, Aurora, CO SP
John R. Zirkle, Jefferson City, TN CO

CLASS OF 1971
John V. Alcott, III, Eugene, OR SP
James R. Auman, Chesapeake, VA SP
Mary Susan and James Fulghum, Raleigh LF SP
Edgar W. Little, Greensboro LF SP
Philip D. Meador, Jr., Henderson CO SP
Frederick S. Neuer, Emporia, KS SP
William B. Pittman, Rocky Mount LF CO
John O. Reynolds, Jr., Salisbury LF
Sara H. Sinal, Winston-Salem SP
Cameron Smith, Greenville SP
John P. Surratt, Clinton CO SP
George C. Venters, Raleigh CO SP
William W. Webb, Jr., Salisbury CO SP

CLASS OF 1972
Myron H. Brand, Madison, CT SP
L. Franklin Cashwell, Winston-Salem SP
Peter G. Chikes, Concord LF
Al V. Hamrick, Raleigh LF
F. Christian Heaton, Raleigh SP
C. Dwight Hedgepeth, Gibsonville SP
Larry A. High, Jr., Rocky Mount SP
Howard S. Kroop, Woodbury, NJ LF CO
Robert W. Little, Burlington LF
John R. Lurain, III, Oak Park, IL SP
Steven Mills, Fairfax, VA SP
Scott Pharr, Williamsburg, VA SP
Ronald J. Stanley, Boone CO SP
G. Dean Wilson, Jr., Johnson City, TN LF

CLASS OF 1973
G. Ruffin Benton, III, Brevard LF
S. Bates Billick, New York, NY LF
Melvin L. Clayton, Murfreesboro LF
Thomas R. Dempsey, Mobile, AL LF
F. Daniel Jackson, Cumberland, MD CO SP
J. Charles Jennette, Faculty SP
David R. Patterson, Greensboro SP
Susan S. Sherman, Aurora, CO SP
Robert R. Walther, New York, NY LF

CLASS OF 1974
Charles Beasley, Kinston SP
Paul S. Camnitz, Greenville SP
Thomas H. Dukes, III, Charleston, SC LF
Martha F. Goetsch, Portland, OR SP
C. Norman Hurwitz, Hamilton, OH SP
Joseph Jenkins, Washington CO SP
David A. Rockwell, Goldsboro LF
Charles W. Smith, Jr., Huntsville, AL LF
Roger L. Snow, Boston, MA LF
Dave Tayloe, Washington SP
David T. Tayloe, Jr., Goldsboro LF CO
William G. Wilson, Charlottesville, VA LF

CLASS OF 1975
E. Jackson Allison, Greenville SP
Frank B. Fondren, Mobile, AL SP
Richard F. Fox, Greensboro LF
Donald G. Gregg, Greenville, SC LF
Ernest F. Krug, III, Greenville, SC LF
Henry E. Parfitt, Fayetteville LF
Joseph R. Pringle, Jr., Burlington LF SP
Mark M. Vogelhut, Tallahassee, FL SP
Kenneth Winter, Greensboro CO SP

CLASS OF 1976
Paul D. Barry, Greensboro SP
Jean C. Bolan, Washington, DC LF
Kathleen Gallagher, Charlotte CO SP
J. Lee Hoffer, Bolivar, OH SP
Walker A. Long, Faculty SP
James S. Parsons, Raleigh SP
Thomas Speros, Washington SP

CLASS OF 1977
Michael E. King, Winston-Salem LF
Warren H. Moore, Sugar Land, TX LF
Duncan S. Postma, Tallahassee, FL LF
Catherine M. Radovich, Fort Defiance, AZ LF
Michael Wheeler, Rutherfordton SP

CLASS OF 1978
Michael Curtis Alston, Murfreesboro LF SP
John D. Benson, Raleigh LF
Martha L. Elks, Lubbock, TX SP
John B. Gordon, III, Brookline, MA LF
Jeffrey Margolis, Clinton LF
Howard L. Russell, Grand Forks, ND LF
Stuart C. Segerman, Atlanta, GA SP
Susan T. Snider, Spruce Pines SP

CLASS OF 1979
Andrew H. Balder, Devon, PA SP
Walter E. Daniel, Raleigh LF
Allen R. Edwards, Statesville LF SP
Ira R. Friedlander, Chicago, IL LF
Michael S. Garrison, Lexington SP
Darlyne Menscer, Charlotte LF
James G. Peden, Jr., Greenville LF
J. L. Sanderford, Jr., Winston Salem SP

Mary Catherine Schumacher, Salt Lake City, UT — SP
Frances R. Thomas, Chicago, IL — LF

CLASS OF 1980
Lauren E. Cosgrove, Atlanta, GA — LF
Barry T. Freeman, Marina Del Rey, CA — SP
Steven L. Greene, Seattle, WA — SP
John C. Gudger, Jacksonville — LF
Sandra K. Haigler, Lexington, KY — SP
Petrie M. Rainey, Hamden, CT — LF
Ben D. Thomas, Marietta, GA — LF

CLASS OF 1981
G. Williams Adams, Millersville, MD — SP
Stephen E. Buie, Asheville — SP
Michael Burnette, Tampa, FL — SP
Susan L. Crittenden, Cary — SP
Laura J. D'Angelo, Nashville, TN — SP
Deborah H. Davis, Auburn, WA — SP
David M. Deitz, Olympia, WA — SP
David K. Harper, Concord — LF SP
Keith T. Jones, Chicago, IL — SP
Thomas S. Kaluzynski, Burnsville — SP
Douglas S. Kernodle, Brentwood, TN — SP
G. Wallace Kernodle, Jr., Burlington — LF SP
Alan S. Kopin, Wellsley Hills, MA — SP
Alix J. Lovitz, Encino, CA — LF SP
Sandra A. Maass-Robinson, East Point, GA — LF SP
Warren W. McMurry, Wilmington — SP
Herbert O. Phillips, IV, Chapel Hill — SP
Peter L. Pleasants, Providence, RI — SP
John B. Plonk, Jr., Charlotte — SP
John W. Sanders, Siler City — SP

CLASS OF 1982
Lawrence N. Bennett, Wilkesboro — SP
Dennis N. Casey, Kinston — SP
H. A. Easley, III, Greenville — LF
Hal D. Safrit, Durham — SP
David A. Tate, Faculty — SP

CLASS OF 1983
David J. Ballard, Rochester, MN — LF
R. Carter Clements, Oakland, CA — SP
Ronald W. Cottle, Whiteville — LF
Phil S. Dickey, Branford, CT — LF
Pamela S. Dockery, Winston Salem — SP
James L. Everette, Jr., Dover, DE — SP
Christopher G. Koeppl, Rhinelander, WI — SP
Elizabeth A. Kopin, Wellsley Hills, MA — SP
Carlos J. Page, Baltimore, MD — SP
Deborah L. Tussing, Annapolis, MD — SP
Audrey Marie Urbano-Brown, Gallup, NM — LF
Louis A. Wesley, Taylor, MI — LF

CLASS OF 1984
Ronald P. Hargrave, Rock Hill, SC — LF
Howard W. Newell, Goldsboro — LF
Mark E. Peele, Silver Springs, MD — LF
Janice L. Roberts, Crownpoint, NM — LF
David L. Sappenfield, New Orleans, LA — SP
Jean G. Taylor, Greensboro — SP
Paul Edward Viser, Whiteburg, KY — LF
Phyllis M. Woodring, Durham — LF

CLASS OF 1985
Milton H. Conley, Augusta, GA — SP
Catherine G. Fuller, Los Angeles, CA — SP
Janice M. Garvey, San Francisco, CA — SP

CLASS OF 1986
Kim Bullock, New York, NY — SP
Deborah T. Burke, Chapel Hill
Walter K. Joyner, Chapel Hill — LF CO
Patricia A. Michael, Redwood City, CA — LF SP
Michael E. Norins, Chapel Hill — LF SP
Stephen N. Wall, San Francisco, CA — SP
Jonathan D. Williams, Memphis, TN — LF

CLASS OF 1987
David W. Boone, Chattanooga, TN — LF
Lee A. Furlong, Portland, OR — SP
Alfreda Jones, Bethesda, MD — LF
Robyn Stacy-Humphries, Washington, DC — LF

CLASS OF 1988
Peter G. Dalldorf, Rochester, NY — LF

FACULTY
Fredrick B. Askin — SP
William B. Blythe, II. — LF CO SP
Stuart O. Bondurant, Jr. — CO
Kenneth Brinkhous — SP
Richard L. Clark — SP
Floyd W. Denny, Jr. — LF
Fredric G. Dolldorf — LF
William Droegemueller — SP
William E. Easterling, Jr. — LF SP
James Foster — SP
Wesley C. Fowler, Jr. — SP
Joe W. Grisham — CO SP
Herbert Harned, Jr. — LF
J. Charles Jennette — SP
George Johnson, Jr. — LF CO SP
Henry R. Lesesne — LF
Walker A. Long — SP
David L. McIlwain — SP
William W. McLendon — LF SP
Campbell W. McMillan — LF
Marlys P. Mitchell — SP
Joseph Pagano — SP
Arthur J. Prange, Jr. — LF
Kenneth G. Reeb — SP
Jordan B. Renner — SP
James H. Scatliff — SP
John T. Session — LF
George Sheldon — CO
David S. Sheps — SP
Ronald Swanstrom — SP
David A. Tate — SP
Colin G. Thomas, Jr. — LF SP
Robert H. Wagner — SP
Clayton E. Wheeler, Jr. — LF
Frank C. Wilson — SP
David T. Woodley — SP
Daniel T. Young — LF

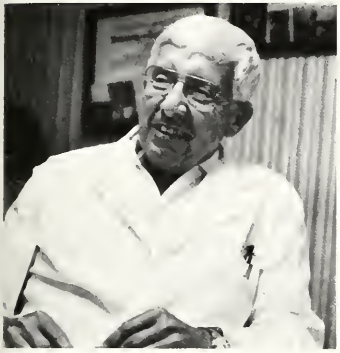
FORMER HOUSE STAFF
A. John Bambara, Bridgewater, NJ — LF
Philip Blatt, Wilmington, DE — LF
Robert S. Boger, Myrtle Beach, SC — LF
James R. Edwards, Raleigh — SP
M. Khaled El-Yousef, Clearwater, FL — LF
Harold J. Fallon, Richmond, VA — LF
Kenneth S. Graff, Melbourne, FL — LF
Tommy B. Griffin, Spartanburg, SC — LF CO SP
Steve D. Harlan, Hickory — LF
Windsor A. Holt, Raleigh — SP
Ali Jarrahi, Winston-Salem — LF SP
F. Douglas Jones, Greenville — LF
William D. Kerr Jr., Winnetka, IL — SP
Walter LaMar, Tulsa, OK — LF SP
Manuel E. Lores, San Juan, PR — LF
John Manzella, York, PA — SP
Dan Martin, Madisonville, KY — SP
William T. McKinney, Madison, WI — LF
David W. Orthals, Chesterfield, MO — LF SP
Cedric W. Porter, Jr., Ohio — SP
Robert K. Ramsey, Lakefield, FL — LF SP
Nathaniel F. Rodman, Morgantown, WV — LF
Harry L. Sauers III, Clearwater, FL — LF
Bryce Templeton, Philadelphia, PA — LF
Steven White, Greenville — CO SP
John J. Whitt, Louisville, KY — LF

Honor Roll Corporations & Foundations

AHEC Area L
Adams World Travel
Akers Foundation
Albemarle Ear, Nose and Throat
Alltech Associates
American Airlines
American Inst./Insurance Inst.
American Institute
Andelear Corporation
Andrews Mortuary
Anesthesiology Department
Angus Barn, Inc.
AnnTaylor
Anonymous-Kay Yow Fund
BA Hoft & Associates, Inc.
BCBS of NC
Bank and Trust Company, N. Wachovia
Bank of New York
Barclay Wood, Inc.
Barclays American Foundation
Barrett & Edwards Inc.
Bass, Nixon & Kennedy
Battle Foundation
Beaver, Robbins & Wilson
Bernard Imiaging
Bibb Company
Boddie-Noell
Bostrom Ford, Inc.
Branch Banking and Trust Company BB&T
Brown, Council & Associates
Broyhill Foundation
Bruce B. Cameron Fund
Bruce Walsh Tobacco
Bryant Supply Co.
Burlington Assembly
Burroughs Wellcome Co.
C & W Investments
C. C. Woods Construction Company
C.R. Hassinger
Chapel Hill Service League
Camp International
Capitol Broadcasting Co.
Captain Harvey's
Captive-Aire Systems
Cargocare Transportation
Carl Herzog Foundation, Inc.
Carolina Anesthesiology
Carolina Breast Cancer
Carolina Builders
Carolina Dairies Corporation
Carolina Power and Light
Carter Foundation
Cary Chamber of Commerce
Cary Gastroenterology
Cary Oil Company
Cellular One
CCB Foundation—Durham Office
Chapel Hill Board of Realtors
Charles E. Johnson and Sons, Inc.
Charleston Gastroenterology Clinic
Charlotte Dermatology Association

Chemical & Environment
Chick-fil-A
Chubb Group of Insurance Co.
Chubb and Son, Inc.
Corbett Farming Company
Corporation Charities NCNB
Creative Consultants
Cresent Hosiery Mills
Crossland Company
Dermik Laboratories
Dickson Foundation
Dixon Marketing, Inc.
Dot's Hallmark Shop
Dover Foundation
Dowd Foundation
Drexel Heritage Furniture
Dune's Club
Durham Coca-Cola Bottling Company
Durham Life Broadcasting
E. J. Pope & Son, Inc.
ESI Pharmaceuticals
Emily Andrews Foundation
Emp Fun Laboratory
Empire Building Co.
Equity Group
Erskines Jewelers
Facet Enterprises
Factory Mutual Engineering
Fayetteville Otology Clinic
Federal Paper Board
Fidelity Bank
First Union
First Union Foundation
Foundation for the Carolinas
Frank Bonner T. Agency
Frank H. Conner Company
Fullerton Foundation
Gastrointestinal
Gate City Pharmacy
General Gear and Axle
Gentleman's Choice
Gillam Brothers
Gilmer-Smith Foundation
Glaxo, Inc.
Good Drugs
Grady-White Boats
Greater Triangle Comm. Found.
Gregory Jewelers, Inc.
Harris Wholesale
Harrison-Wright Company
Hathaway Properties
Haworth Foundation
Henry Dowdy & Associates
Herbert Laboratories
Home Insurance Co.
Horse Creek Supply Company
Interiors by Linda
Interstate Management
J. P. Riddle Charitable Trust
J. P. Riddle Foundation
JC Bradford & Co.
JTV Enterprises, Inc.
Janirve Foundation
Jefferson-Pilot Ins. Co.
Jernigan Construction
John Foust Advertising
John Hackney Agency
Johnnye Greer Hunter
Johnson and Sons
Johnston, Taylor, Allison & Hord
K. R. Edwards Leaf Tobacco
KPMG Peat Marwick
Kendall Company
Kendall Healthcare
Kentucky Fried Chicken
King Construction Company
Kinston Daily Free
Kiwanis Club of Cary
L. B. Hester Farms
Landt-Blackwell, Co.
Lawrence Goldrich Foundation
Lawrence Realty Company
Lee County Cancer Society
LifeJack, Inc.
Lightening Video
Lindsay Henderson Insurance
Lindsay Henderson Interiors
Lotus E. Pucillo, Inc.
Lucia, Inc.
Luellen Insurance
Lynette's
M & T Travel World Ltd.
M. and J. Rives, Inc.
MDC, Inc.
Medical Faculty Practice Plan Flower Fund
MacGregor Development Company
Mallen Industries
Management House Fund
Mangum Equipment Co.
Marion Laboratories
Marlowe-Van Loan
Marsh Furniture Co., Inc.
Martin Architectural
Martin County Bar Association
Medical School Yearbook
Meloille Corporation
Mennen Company
Merck & Co., Inc.
Mid-Atlantic Marketing
Miller Family Foundation
Mobile Sound Authority
Monarch Knitting Machinery Co.
Monroeton Auxilliary
Montaldo Corporation
Montaldo's
Munroe Best Foundation
NC Ladies Auxiliary to VFW
NC State Sports Inf. Office
NC Trust Holderness
NCNB Cary
NCNB Corporation Charities
Nail Excell
Neutrogena Corporation
North Hills, Inc.
Oakwood Homes Corporation
Olin T. Binkley Church
Ora Designers & Jewelers
Ortho-Pharmaceutical
PAM Trading Corporation
PH Enterprises, Inc.
PMA Foundation
Pantry, Inc.
Parfums Sterm, Inc.
Peace Christian Association
Pegasus Travel
Peoples Security Insurance
Personnel Department
Phi Beta Phi
Philip L. Van Every Foundation
Philpott Foundation
Pickett-Hosiery Mill
Pierce
Pike Electrical
Pine-Glo Products
Pinnell Insurance Agency
Pitt County Anesthesia
Planters National Bank
Polycrystal Book Service
Post Scripts Cornwel
Poyner & Spruill
Presbyterian United Church
Price, Dulaney & Company
Public Relations Department
Q & R Clearing Corporation
R. A. Bryan Foundation
Raleigh Board of Realtors
Raleigh Ear, Nose and Throat
Ralph Easterday Association
Randolph Road Ear, Nose and Throat
Record Bar, Inc.
Rex Hospital
Robinson-Humphrey Company
Robuck Homes
Rose Oil Company, Inc.
Royal Insurance
RTP Glaxo, Inc.
Ruth Dolen Foundation
SAS Institute
Schechter Foundation
Schwan's Sales
SDS Mattos
Shearson, Lehman and Hutton
Shuford Mills
Simon and Associates
Southern National Bank
Spectrofuge Corporation
Starnes Art Company
Student Activities Fund at UNC
Taylor Realty Co.
Telephone Pioneers
Texasgulf Chemicals
The Cary News
The Chapel Hill Service Leaque
The Crossland Company
The Nell W. Elkin & Wil Elkin Foundation
The Fidelity Bank
The Hartford Steam Boiler
The Heritage Bank
The Home Insurance Company
The Leggett Foundation
The Janirve Foundation
The Nail Excell
The Saint Paul
The Schechter Foundation
The Surtman Foundation
The VFW Ladies Auxiliary
Thomasville Fiber Company
Trent Radiology Associates
Triangle Brick Company
UW-Whitewater Foundation
Upjohn Company
Vance High Booster Club
Variety Wholesalers
Velvet Cloak Inn
Vermillion Vending Service Inc
Vulcan Materials Company
W. Lester Brooks Foundation
Wachovia Bank & Trust Co., N.A.
Wake Stone Corporation
Warner-Lambert Company
Watson Insurance
Wayne Foundation
Wesley Memorial
Westwood Pharmaceutical
Weyerhaeuser Company
William A. Smith Trust
Wilmington Coca-Cola Bottling Company
Wilmington Health
Wilmington Junior Service League
Wilmington Shipping
Wilson Foundation
Winston-Salem Foundation
Women's Golf Association
Youth Leaders of Wesley
Yvonne Richardson Mem Cancer Fun.
Z. V. Pate Foundation
Zlinkoff Fund

President's Letter



For years now, we have been diligently working on ways to enhance relationships between alumni and the UNC School of Medicine. Several topics were addressed. Among them were improved communication and student and faculty development programs. In the past years, I feel communication between the medical school and alumni has improved dramatically through three avenues—the *Medical Alumni Bulletin*, the very successful Carolina Consultation Center and the Continuing Medical Education Program. In the past few years, hundreds of physicians in this state, many of whom are alumni, have furthered their education through the growing CME program.

The costs to maintain programs such as these and to establish new priorities, vital to our continued growth and recognition, are steadily rising. Putting things in perspective, I'm told that the cost to educate one medical student is approximately $50,000 per year, while in-state tuition at the UNC medical school is only $1,800 a year, the lowest in the country! Furthermore, despite declines in the medical school applicant pool nationally, applications at UNC rose 10 percent in 1988, indicating that the demand for educational enrichment programs will increase. You might think that the difference is made up by state support, but few of us realize that less than 40 percent of our budget comes from the state. Income from philanthropy, faculty practice and grants and contracts must make up the difference.

One way we alumni can support our school is by donating to the Loyalty Fund, the annual giving program which benefits alumni/faculty programs, award and lectures, as well as provides student scholarships and pays for the *Bulletin*. While creating a firm base of continuing gift support as a dependable source of annual income, your contribution to the Loyalty Fund helps us create a greater awareness of the School of Medicine.

Another way to make a difference in perpetuity is by supporting the Medical Alumni Endowment Fund, the initial goal of which is $1 million. The Endowment Fund will help ensure institutional excellence by allowing the medical school to set its own priorities, not limited by state funds. For example, the Lineberger Cancer Research Center and the new Multipurpose Arthritis Research Center were identified needs met by private funding.

I had the privilege recently of being asked to participate in the Endowment Fund's first board meeting. I'm pretty charged up about the goals and the strategies presented.

Elsewhere in this issue, you've been introduced to Jane McNeer, the new development director for Alumni Affairs at the School of Medicine, who has been appointed to coordinate our efforts. I request your enthusiastic support and urge you to step forward as true leaders in 1990, a very important fund-raising year for the UNC School of Medicine.

W. Grimes Byerly M.D.

W. Grimes Byerly Jr., M.D. '50

CME/Alumni Calendar

Medical Alumni Activities		
March 23-24	Spring Medical Alumni Weekend	Chapel Hill
	Continuing Education	
February 1-3	Geriatric Update	Research Triangle Park
February 8-9	Academic Clinician Series: Lectures that Work	Chapel Hill
February 21	Prevention of Heart Disease and Cancer in the Physician's Office	Chapel Hill
February 22-23	Academic Clinician Series: Computer in Clinical Education and Patient Care: Introduction to the State of the Art	Chapel Hill
March 14-17	Internal Medicine Conference	Chapel Hill
March 30	Chamberlin Symposium	Durham
March 30-April 1	Radiology Update	Hilton Head, SC
April 23-24	Pediatric & Neonatal Respiratory Care	Chapel Hill

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